

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Altamont Insurance Group, LLC</u>	
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Altamont Transportation and Insurance Brokerage</u> <u>FKA Avant Brokerage Stockton LLC</u> <u>DBA Altamont Insurance Brokerage</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>35-2551024</u>	
4. Debtor's address	Principal place of business <u>14203 Caminto Vistana</u> <u>San Diego, CA 92130</u> <small>Number, Street, City, State & ZIP Code</small> <u>San Diego</u> <small>County</small>	Mailing address, if different from principal place of business <u>3830 Valley Centre Road</u> <u>San Diego, CA 92130</u> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	<u>altamonttransportationinsurancebrokerage.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **Altamont Insurance Group, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.5242**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Altamont Insurance Group, LLC**

Case number (if known)

Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

Relationship

District

When

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☒ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor	Altamont Insurance Group, LLC	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Altamont Insurance Group, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 3, 2023**
MM / DD / YYYY**X /s/ Alan Shetzer**

Signature of authorized representative of debtor

Alan Shetzer

Printed name

Title **President/Manager****18. Signature of attorney****X /s/ Jeffrey L. Brown**

Signature of attorney for debtor

Date **October 3, 2023**

MM / DD / YYYY

Jeffrey L. Brown

Printed name

Attorney at Law

Firm name

**7777 Alvarado Road
Suite 622
La Mesa, CA 91942**

Number, Street, City, State & ZIP Code

Contact phone **(619) 461-6511**Email address **Jlb@brownfarmerlaw.com****65321 CA**

Bar number and State

Fill in this information to identify the case:Debtor name Altamont Insurance Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration **STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 3, 2023X /s/ Alan Shetzer

Signature of individual signing on behalf of debtor

Alan Shetzer

Printed name

President/Manager

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Altamont Insurance Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **5,199.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **5,199.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **12,098.20****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **8,466,676.62****4. Total liabilities**
Lines 2 + 3a + 3b\$ **8,478,776.82**

Fill in this information to identify the case:Debtor name Altamont Insurance Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. First Mid BankPremium trust account\$3,898.003.2. First Mid BankPremium Trust Account4806\$1,301.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,199.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Debtor **Altamont Insurance Group, LLC**
Name

Case number (If known) _____

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
- ☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites altamonttransportationinsurancebrokerage.com altamontins.com	Unknown		Unknown

62. Licenses, franchises, and royalties

Debtor **Altamont Insurance Group, LLC**
Name

Case number (If known) _____

63. **Customer lists, mailing lists, or other compilations**64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities****Risk Mangement Plus insurance policy (covers errors and omissions, theft, fraud, forgery, employee mismanagement)****Travelers One Tower Square, Hartford, CT 06183; Mail claims: Travelers Bond & Specialty Insurance Claims, 385 Washington St., Mail Code 9275-NB03F, St. Paul, MN 55102****This coverage was for period April 29, 2020 to April 29, 2021, during which time it is believed theft occurred.****Unknown****(2) State Farm insurance policies, effective period April 29, 2023 to April 29, 2024. Each has \$50,000 limit covering mismanagement by employee and dishonest employee. starting in April 2021.****File claims: Balance Partners, LLC, PO Box 2550, Huntington, NY 11743 and TransEleven Claims Managers, INC., 700 Central Expressway Saout, Suite 200, Allen, TX 75013****Unknown**

Debtor **Altamont Insurance Group, LLC**
Name

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(E & O) with Fortegra Speciality Insurance Company,
policy # MIPL 0105-01 effective 4-29-23 to 4-29-24. This
is a claims made policy with a \$1,000,000 lim

Unknown

74. Causes of action against third parties (whether or not a lawsuit has been filed)
Carolyn Rupp, who is CEO of Altamont Insurance Group misappropriated, stole, and mismanagement Altamonts premium trust account. The potential claim will total at least \$1,018,142.

A report with the San Joaquin County Sheriff office was filed on October 1, 2023, Case number is 23-17269. The report was take by Deputy Estrada, 209-817-6656

1.breach of fiduciary service.

2.Failure to supervise the business affairs and management of the premium trust fund account.

3.Wrongfull act in the performance of professional services.

4. Negligence mismanagement of the trust fund account.

Unknown

Nature of claim breach of fiduciary duty,
embezzlement; mishandling
trust fund account

Amount requested \$1,000,000.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor **Altamont Insurance Group, LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$5,199.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$5,199.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$5,199.00

Fill in this information to identify the case:

Debtor name Altamont Insurance Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name **Altamont Insurance Group, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Franchise Tax Board PO Box 942867 Sacramento, CA 94267 Date or dates debt was incurred 2023 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: taxers owed on premiums received Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00	\$12,000.00
2.2	Priority creditor's name and mailing address Tennessee Dept of Revenue 500 Deadrick Street Andrew Jackson Office Bldg Nashville, TN 37242 Date or dates debt was incurred 2022 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Franchise/Excise tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.20	\$98.20

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.1	Nonpriority creditor's name and mailing address 1 TEEM TRANSPORTERS LLC 35124 Heiskell Dr Raymond, CA 93653 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,675.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.2	Nonpriority creditor's name and mailing address 1601 S UNION AVE 15504 STATE HIGHWAY 205 Terrell, TX 75160 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,350.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.3	Nonpriority creditor's name and mailing address 1716 BRIARCREST DRIVE 27710 CASCABEL LANE San Antonio, TX 78260 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,700.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address 2 BEST LOADS INC 2542 AUGIBI WAY Rancho Cordova, CA 95670 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address 3 SONS LOGISTICS INC 9533 W JJ RANCH ROAD Peoria, AZ 85383 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address 48F TRANS INC 2345 W BELMONT AVE Fresno, CA 93728 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,875.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address 6442 WINDY ROAD 117811 HORACE STREET Granada Hills, CA 91344 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$84,945.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.8 Nonpriority creditor's name and mailing address 808 LOGISTICS LLC 2515 W SAN ANTONIO Dallas, TX 75254 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,700.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address A & A TRUCKLINE INC 6247 E NORTH AVE Fresno, CA 93725 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt 6316</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address A & C COMMERCE SERVICES LLC 245 E VALLEY BLVD Rialto, CA 92376 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,269.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address A & M TRUCKING CO 726 W 6TH ST #3 Long Beach, CA 90802 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,570.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt`</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12 Nonpriority creditor's name and mailing address A M J TRANSPORTATION LLC 17500 SACRAMENTO VALLEY BLVD Robbins, CA 95676 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,230.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13 Nonpriority creditor's name and mailing address A Star Truck Lines Inc 12000 Paxton St Sylmar, CA 91342 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,525.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address A TO B AUTO TRANSPORT LLC 55 SPRINGSTOWNE CTR STE 116 Vallejo, CA 94591 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,700.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.15	Nonpriority creditor's name and mailing address A&A EXPEDITED 1015 S Maple Ave Montebello, CA 90640 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,725.00
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3.16	Nonpriority creditor's name and mailing address A&D TRANS INC 10831 ROYCROFT ST UNIT 48 Sun Valley, CA 91352 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,933.00
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3.17	Nonpriority creditor's name and mailing address A&L Insurance Services 10005 Marconi Dr. #3 San Diego, CA 92154 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.18	Nonpriority creditor's name and mailing address A.M.I.S. Andy Manukyan Ins 1254 S. Glendale Ave. Glendale, CA 91205 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.19	Nonpriority creditor's name and mailing address ABO TRUCKING INC 1862 KELLERTON DR Hacienda Heights, CA 91745 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
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3.20	Nonpriority creditor's name and mailing address Ace Commercial Ins. Center 200 S. Main Street, Suite 130 Corona, CA 92882 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.21	Nonpriority creditor's name and mailing address ACME AMERICA 2550 W UNION HILLS DRIVE Mesa, AZ 85207 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,172.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.22	Nonpriority creditor's name and mailing address ACME AMERICAN INC 2662 NEVADA AVE South El Monte, CA 91733 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,856.00
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3.23	Nonpriority creditor's name and mailing address Across America Ins. Svcs Inc 41689 Enterprise Circle North Suite 218 Temecula, CA 92590 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.24	Nonpriority creditor's name and mailing address AD HAULERS INC 3640 W NELSON AVE Fresno, CA 93706 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.25	Nonpriority creditor's name and mailing address ADVANCE LOGISTICS, INC 1324 N. KNOX AVE El Paso, TX 79917 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,005.00
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3.26	Nonpriority creditor's name and mailing address AEC TRUCKING, LLC 10230 LOS ALTOS DR Hesperia, CA 92344 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,849.00
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3.27	Nonpriority creditor's name and mailing address Aether Insurance Services 2029 West Midwood Lane Anaheim, CA 92804 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.28	Nonpriority creditor's name and mailing address Agile Premium Finance 475 Half Day Rd. #550 Lincolnshire, IL 60069 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.29	Nonpriority creditor's name and mailing address AIB Financial Services, Inc. PO Box 66501 Saint Louis, MO 63166 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.30	Nonpriority creditor's name and mailing address AIRBOURNE LOGISTICS, INC 3291 BEACHWOOD DR Merced, CA 95348 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
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3.31	Nonpriority creditor's name and mailing address AKAAL PURAKH TRANS INC 1219 TAHOE STREET Merced, CA 95348 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,220.00
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3.32	Nonpriority creditor's name and mailing address Alan Shetzer 3830 Valley Centre Drive #705 PO Box 245 San Diego, CA 92130 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454,168.00
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3.33	Nonpriority creditor's name and mailing address Alex Rue Insurance Agency 9815 Antelope Road Roseville, CA 95747 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.34	Nonpriority creditor's name and mailing address ALFONSO MONARREZ 1960 S DATE AVE Bloomington, CA 92316 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,666.00
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3.35	Nonpriority creditor's name and mailing address ALI EXPRESS, INC 2132 MONTAUBAN CT Stockton, CA 95210 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,035.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address All Solutions Insurance A+B24:L24 Agency LLC 22364 Alessandro Blvd Moreno Valley, CA 92553 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.37	Nonpriority creditor's name and mailing address ALL STAR TRUCKING 3150 N WEBER AVE Fresno, CA 93722 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,815.00
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3.38	Nonpriority creditor's name and mailing address Alpha Freight Lines 14398 Whittram Ave Fontana, CA 92335 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,050.00
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3.39	Nonpriority creditor's name and mailing address AMA United Transport Svcs LLC 325 Old San Antnio Rd. Mc Queeney, TX 78123 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.40	Nonpriority creditor's name and mailing address AMANDEEP SINGH DBA VIP EXPRESS 3771 N CORNELIA AVE Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,067.00
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3.41	Nonpriority creditor's name and mailing address AMANDEEP SINGH KHAIRA DBA KHAI 5389 N VALENTINE AVE APT 111 Fresno, CA 93711 Date(s) debt was incurred <u>202</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,080.00
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3.42	Nonpriority creditor's name and mailing address AMARJIT SINGH DBA SAM TRANSPOR 16234 MAGNOLIA WAY Fontana, CA 92336 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.43 Nonpriority creditor's name and mailing address AMDJ Logistics Inc 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,613.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address American Continental Ins. Svcs 11501 Dublin Blvd #200 Pleasanton, CA 94588 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45 Nonpriority creditor's name and mailing address AMERICAN STAR INTERMODAL INC 341 E MONTE VIST AVE APT 70 Turlock, CA 95382 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,686.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46 Nonpriority creditor's name and mailing address AMERICAN STAR LLC 5370 GUIDE MERIIAN RD Bellingham, WA 98226 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,150.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47 Nonpriority creditor's name and mailing address AMERICAN TRANSPORT LOS ANGELES 1202 E ANAHEIM ST Wilmington, CA 90744 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,703.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48 Nonpriority creditor's name and mailing address AMK Insurance, Inc. 6855 Via Del Oro San Jose, CA 95119 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49 Nonpriority creditor's name and mailing address AMM EXPRESS INC 6059 Bradshaw Rd Sacramento, CA 95829 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,610.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.50	Nonpriority creditor's name and mailing address AMNA TRUCKING INC 14801 SLOVER AVE Fontana, CA 92337 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,915.00
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3.51	Nonpriority creditor's name and mailing address AMRIK EXPRESS, LLC 283 TWIN RIVERS DRIVE Yuba City, CA 95991 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,275.00
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3.52	Nonpriority creditor's name and mailing address AMS TRANSPORT INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,300.00
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3.53	Nonpriority creditor's name and mailing address Ananik Grigoryan dba DSSY Truc 6315 San Fernanado Rd Glendale, CA 91205 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
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3.54	Nonpriority creditor's name and mailing address ANDREAS TRANSPORT LLC 10686 BANANA AVE Fontana, CA 92335 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,893.00
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3.55	Nonpriority creditor's name and mailing address ANGELA GONZALEZ CLEMENTE DBA GREEN PALMS GROWERS 82560 AIRPORT BLVD Thermal, CA 92274 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.56	Nonpriority creditor's name and mailing address Ank Transportation, Inc. 1301 Richland Avenue #1 Modesto, CA 95351 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,325.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.57	Nonpriority creditor's name and mailing address ANURAJ LLC 5355 W PINE AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,100.00
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3.58	Nonpriority creditor's name and mailing address APS CARRIER INC 425 SUNDANCE ST Livingston, CA 95334 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,548.00
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3.59	Nonpriority creditor's name and mailing address ARACELI'S TRUCKING INC 21136 S WILMINGTON AVE Carson, CA 90745 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,500.00
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3.60	Nonpriority creditor's name and mailing address ARDASS TRUCKING. INC 3598 MACADAMIA LANE Ceres, CA 95307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,557.00
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3.61	Nonpriority creditor's name and mailing address ARMAN KARAPETYAN DBA: URARTU TRUCKING 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,350.00
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3.62	Nonpriority creditor's name and mailing address ARMATA LINES INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,305.00
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3.63	Nonpriority creditor's name and mailing address ART-ACT LOGISTICS, LLC 9831 STIBEHURST AVE Sun Valley, CA 91352 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,875.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.64	Nonpriority creditor's name and mailing address ARY LOGISTIC SYSTEM INC 2747 LINCOLN AVE Clovis, CA 93611 Date(s) debt was incurred <u>20221</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,075.00
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3.65	Nonpriority creditor's name and mailing address ASD TRUCKING INC 4648 TAYLOR COURT Turlock, CA 95382 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,368.00
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3.66	Nonpriority creditor's name and mailing address ASEES TRANSPORT INC 3626 N BLYTHE AVE APT 212 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,525.00
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3.67	Nonpriority creditor's name and mailing address Aspen American Ins. Co 175 Capital Blvd. #300 Rocky Hill, CT 06067 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.68	Nonpriority creditor's name and mailing address AST EXPRESS INC 5350 N BRAWLEY AVE APT 124 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt 2978</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.69	Nonpriority creditor's name and mailing address Atlanta Premier Ins Agency 12 Powder Springs Street #270 Marietta, GA 30064 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.70	Nonpriority creditor's name and mailing address ATLANTIC RISK 6827 MELODY LANE APT 2724 Dallas, TX 75231 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,962.00
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name 3.71 Nonpriority creditor's name and mailing address ATLANTIC RISK 1716 BRIARCREST DR SUITE 300 Bryan, TX 77802 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,373.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72 Nonpriority creditor's name and mailing address Atlantis Insurance Brokerage 639 Channel Street #H San Pedro, CA 90731 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73 Nonpriority creditor's name and mailing address ATM CHAP SERVICES LLC 9114 BUNGALOW WAY Madison, AL 35758 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,328.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74 Nonpriority creditor's name and mailing address ATMA SANDHU DBA HPA TRUCKING 6077 E CORTLAND AVE Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,713.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75 Nonpriority creditor's name and mailing address ATS TRANSPORT INC 600 N MARKS AVE Fresno, CA 93728 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,150.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76 Nonpriority creditor's name and mailing address ATWAL TRANS LLC 7177 W DOVEWOOD LANE Fresno, CA 93723 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,548.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77 Nonpriority creditor's name and mailing address Avalon Risk Management 150 Northwest Pt. Blvd. 2nd Floor Elk Grove Village, IL 60007 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known) _____
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3.78	Nonpriority creditor's name and mailing address Avian Premium Finance PO Box 6606 Burbank, CA 91510 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.79	Nonpriority creditor's name and mailing address AWESOM TRANSPORTATION, LLC 3342 NORTH WEBBER AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,940.00
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3.80	Nonpriority creditor's name and mailing address Axis Insurance Svcs. LLC 795 Franklin Avenue #206 Franklin Lakes, NJ 07417 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.81	Nonpriority creditor's name and mailing address B D S TRANSPORT INC 2301 W BELMONT AVE Fresno, CA 93728 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,825.00
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3.82	Nonpriority creditor's name and mailing address BAAZ FREIGHT INC 3007 E ROSE AVE Selma, CA 93662 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,900.00
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3.83	Nonpriority creditor's name and mailing address BABA MUNSHI TRANS INC 4688 W AMHERST AVE 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,563.00
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3.84	Nonpriority creditor's name and mailing address BABA NANAK TRANSPORT INC 3661 W SHIELDS AVE APT 271 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.85	Nonpriority creditor's name and mailing address BACK ROAD EXPRESS INC 12000 PAXTON STREET Sylmar, CA 91342 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00
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3.86	Nonpriority creditor's name and mailing address BACK ROAD EXPRESS INC 13027 VICTORY BLVD #141 North Hollywood, CA 91606 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,550.00
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3.87	Nonpriority creditor's name and mailing address BAJWA & SONS TRANSPORT INC 11191 VALLEJO ST French Camp, CA 95231 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,047.00
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3.88	Nonpriority creditor's name and mailing address BAJWA CALI TRANSPORT INC 3692 MASSIMO CIRCLE Stockton, CA 95212 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,335.00
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3.89	Nonpriority creditor's name and mailing address BALA JI TRANSPORT INC 4760 E BUTLER AVE #102 Fresno, CA 93702 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,625.00
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3.90	Nonpriority creditor's name and mailing address BALJEET HEER 3440 W CAPITOL AVE West Sacramento, CA 95691 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,750.00
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3.91	Nonpriority creditor's name and mailing address BALJIT HEER 2572 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,938.00
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Debtor	Altamont Insurance Group, LLC		Case number (if known)
	Name		

3.92	Nonpriority creditor's name and mailing address Bankdirect Capital Finance PO Box 660448 Dallas, TX 75266 Date(s) debt was incurred <u>provided she survives</u> <u>Settlor for thirty (30) days. Should she fail to survive</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.93	Nonpriority creditor's name and mailing address BARNALA EXPRESS INC 695 W SANTA ANA AVE APT 204 Markleeville, CA 96120 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,845.00
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3.94	Nonpriority creditor's name and mailing address Barragan Insurance Agency 1132 Suncastr Lane #8 El Dorado Hills, CA 95762 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.95	Nonpriority creditor's name and mailing address BASHIR AHMAD SIDDIQI 5909 BAMFORD DR Sacramento, CA 95823 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,335.00
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3.96	Nonpriority creditor's name and mailing address BASSI ROADLINES INC 139 LEBARON BLVD Lodi, CA 95240 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,564.00
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3.97	Nonpriority creditor's name and mailing address BBS TRANSPORT INC 3661 W SHEILDS AVE APT 118 Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,705.00
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3.98	Nonpriority creditor's name and mailing address BDS TRUCKING INC 2427 W YOSEMITE AVE Manteca, CA 95337 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,925.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.99	Nonpriority creditor's name and mailing address BEANT SINGH DBA ATS TRANSPORT 6291 W NORWICH AVE Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,237.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address BEANT SINGH DBA ATS TRANSPORT 1310 TAHOW VALLEY LN Sugar Land, TX 77479 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,237.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address BERRIER INSURANCE 9114 BUNGALOW WAY Elk Grove, CA 95758 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,328.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address Best and Low Cost Ins Agency 2169 buena Vista Drive Manteca, CA 95337 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	Nonpriority creditor's name and mailing address BEST LOADS INC 135 S BELMONT ST APT 1 Glendale, CA 91205 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,653.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	Nonpriority creditor's name and mailing address BGAL 1, LLC 3830 Valley Centre Road San Diego, CA 92130 Date(s) debt was incurred <u>2020-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$454,168.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address BHANGU BROTHERS TRANSPORT INC 7464 E SIMPSON AVE Fresno, CA 93737 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,479.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.106	Nonpriority creditor's name and mailing address BHANGU LOGISTICS, INC 20500 HOLLY DR Fontana, CA 92335 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,445.00</u>
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3.107	Nonpriority creditor's name and mailing address BIA Insurance Agency 18653 Ventura Blvd #402 Tarzana, CA 91356 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.108	Nonpriority creditor's name and mailing address BIC, Berkley Fire & Marine PO Box152180 Irving, TX 75015 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.109	Nonpriority creditor's name and mailing address Bico Insurance Services 2024 West 3rd Street Los Angeles, CA 90057 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.110	Nonpriority creditor's name and mailing address BIG BYRD TRANSPORTATION INC 3100 BEACHWOOD DR Merced, CA 95348 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,775.00</u>
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3.111	Nonpriority creditor's name and mailing address BLACK BULL CARRIER, INC 3602 W SAN JOSE AVE APT 215 Fresno, CA 93711 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,680.00</u>
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3.112	Nonpriority creditor's name and mailing address BLING SINGH TRANSPORT INC 24040 POSTAL AVE Moreno Valley, CA 92556 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,763.00</u>
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.113	Nonpriority creditor's name and mailing address BLUEMOON CARRIERS INC 18400 MALDEN UJNIT 3 Northridge, CA 91325 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,613.00
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3.114	Nonpriority creditor's name and mailing address BMJ TRANS INC 25631 LEWIS WAY Stevenson Ranch, CA 91381 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,600.00
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3.115	Nonpriority creditor's name and mailing address BND TRANS CORP 15-05 CHANDLER DRIVE Fair Lawn, NJ 07410 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,825.00
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3.116	Nonpriority creditor's name and mailing address Bob Logistic Inc 15810 Boyle Ave Fontana, CA 92337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,445.00
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3.117	Nonpriority creditor's name and mailing address BOBCAT EXPRESS INC 6738 N SANDRINI AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,088.00
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3.118	Nonpriority creditor's name and mailing address BOPARI BROTHERS TRUCKING INC 11616 HARLAN RD Lathrop, CA 95330 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,725.00
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3.119	Nonpriority creditor's name and mailing address Border Insurance Services 2004 Dairy Mart Rd #114 San Ysidro, CA 92173 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.120	Nonpriority creditor's name and mailing address Bossa Nova Insurance Svcs 10468-A San Pablo Ave El Cerrito, CA 94530 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.121	Nonpriority creditor's name and mailing address BRAULIO GARCIA VASQUEZ DBA FI 1586 N VAN NESS AVE Fresno, CA 93725 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,550.00
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3.122	Nonpriority creditor's name and mailing address BRIDGE TRANSPORT LLC 956 PONT DU GARD CT Buford, GA 30518 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,950.00
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3.123	Nonpriority creditor's name and mailing address BROWN XPRESS INC. 3635 SOLEDAD AVENUE Clovis, CA 93619 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.124	Nonpriority creditor's name and mailing address Bruce Roberts Insurance Svcs 10907 Downey Abvenue #101 Downey, CA 90241 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.125	Nonpriority creditor's name and mailing address BT TRUCKLINES, INC 3342 NORTH WEBBER AVE Fresno, CA 93722 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00
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3.126	Nonpriority creditor's name and mailing address BTI TRUCK LINES INC 435 WINTON PKWY Livingston, CA 95334 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,773.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.127	Nonpriority creditor's name and mailing address BTL FREIGHT INC 500 MESA CT Tracy, CA 95377 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,225.00
3.128	Nonpriority creditor's name and mailing address Bulldog Premium 6971 Sunrise Blvd #206 Fort Lauderdale, FL 33313 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.129	Nonpriority creditor's name and mailing address C & A UNITED XPRESS, INC 2707 PARADISE POINT PL Bakersfield, CA 93313 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,350.00
3.130	Nonpriority creditor's name and mailing address CA 99 EXPRESS INC 7902 E BELMONT AVE Fresno, CA 93737 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,300.00
3.131	Nonpriority creditor's name and mailing address CALDWELL ENTERPRISE LLC 1444 FULTON ST Fresno, CA 93721 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,215.00
3.132	Nonpriority creditor's name and mailing address CALI DRAYAGE LLC 1651 FAIRVIEW DR Ceres, CA 95307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,220.00
3.133	Nonpriority creditor's name and mailing address California Dept of Insurane 300 Capital Mall #14000 Sacramento, CA 95814 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.134	Nonpriority creditor's name and mailing address CALIFORNIA TRUCKLINE, INC 2301 W BELMONT AVE Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,645.00
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3.135	Nonpriority creditor's name and mailing address CAN TRANSPORT INC 303 LINCOLN RD Vallejo, CA 94590 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
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3.136	Nonpriority creditor's name and mailing address Cantrel Networks 1103 Val Gardens St. Lodi, CA 95242 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.137	Nonpriority creditor's name and mailing address Capital Premium Financing Inc PO Box 667180 Dallas, TX 75266 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,115.91
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3.138	Nonpriority creditor's name and mailing address CEDRIC STEWARD LLC 10808 6TH ST SUITE 14 Rancho Cucamonga, CA 91730 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,598.00
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3.139	Nonpriority creditor's name and mailing address CENCAL CARRIERS, INC 4131 E NORTH AVE Fresno, CA 93725 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,765.00
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3.140	Nonpriority creditor's name and mailing address CHAHAL EXPRESS, INC 3025 W CHRISTOFFERSEN PKW D204 Stockton, CA 95204 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.141	Nonpriority creditor's name and mailing address CHAHAL TRANS INC 14203 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,255.00
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3.142	Nonpriority creditor's name and mailing address Chase PO Box 94014 Palatine, IL 60094 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u>1728</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,753.24
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3.143	Nonpriority creditor's name and mailing address Chase Bank PO Box 6294 Carol Stream, IL 60197 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u>4590</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144	Nonpriority creditor's name and mailing address CHAWAL EXPRESS INC 11205 CEDAR AVE WILMINGTON, CA 92744 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,095.00
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3.145	Nonpriority creditor's name and mailing address Checkers Truck Insurance Inc 784 N. Waterman Ave. San Bernardino, CA 92410 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.146	Nonpriority creditor's name and mailing address CHEEMA FGS INC 2130 N MARKS AVE #127 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,075.00
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3.147	Nonpriority creditor's name and mailing address Chester Franklin dba Ogden & SONS TRANSPORTATIO Glendale, CA 91205 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,325.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.148	Nonpriority creditor's name and mailing address Chesterfield Group 5th Floor F. 1 Mimster Ct Mincing Lane London EC3R 7AA Date(s) debt was incurred <u>2022-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$429,127.00
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3.149	Nonpriority creditor's name and mailing address CHP TECH INC 6605 N. Indian Canyon Dr North Palm Springs, CA 92258 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,638.00
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3.150	Nonpriority creditor's name and mailing address CJG Insurance Corp 12525 W. Okeechobee Rd Hialeah, FL 33018 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.151	Nonpriority creditor's name and mailing address CK TRUCKING, INC 1949 OSBORN AVE Phoenix, AZ 85016 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,175.00
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3.152	Nonpriority creditor's name and mailing address CKR TRANSPORT INC 14203 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,380.00
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3.153	Nonpriority creditor's name and mailing address CL LOGISTICS, INC 1358 HOOPER AVE SUITE 102 Coachella, CA 92236 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,213.00
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3.154	Nonpriority creditor's name and mailing address Classic Plan Premium Finance PO Box 5146 Chino, CA 91708 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,612.74
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.155	Nonpriority creditor's name and mailing address COLT MESSENGER SERVICE 770 S BREA BLVD #209 Brea, CA 92821 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.156	Nonpriority creditor's name and mailing address Continental Insurance 800 N. Zaragosa Rd. #N El Paso, TX 79907 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.157	Nonpriority creditor's name and mailing address CONVOY TRUCKING AUTHORITY LLC 2250 TIDELANDS AVE National City, CA 91950 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
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3.158	Nonpriority creditor's name and mailing address COOL TRUCKING INC 14587 VALLEY BLVD Fontana, CA 92335 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,775.00
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3.159	Nonpriority creditor's name and mailing address CTL TRANS INC 1761 NEW HORIZONS DR APT #1 Manteca, CA 95336 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,620.00
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3.160	Nonpriority creditor's name and mailing address Custom Insurance Agency 6107 Jovic Court La Grange, IL 60525 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.161	Nonpriority creditor's name and mailing address Cypress Premium Funding PO Box 3529 Mission Viejo, CA 92690 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,058.91
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.162	Nonpriority creditor's name and mailing address D & S ENTERPRISES, LLC 23090 TOKAYANA WAY Colfax, CA 95713 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,316.00
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3.163	Nonpriority creditor's name and mailing address D&A LOGISTICS LLC 27406 N HIGUERA DRIVE Peoria, AZ 85383 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.164	Nonpriority creditor's name and mailing address DA TRANSPORTERZ INC 1116 LOUISE AVE Torrance, CA 90503 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,590.00
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3.165	Nonpriority creditor's name and mailing address Daljit Singh dba AK Trucking 2010 Batson Ave #264 Rowland Heights, CA 91748 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,955.00
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3.166	Nonpriority creditor's name and mailing address DANIEL URQUIDEZ DBA URQUIDEZ SON TRUCKING 20226 N H ST Oxnard, CA 93036 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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3.167	Nonpriority creditor's name and mailing address Dark Insurance Agency Inc PO Box 506 Alexander City, AL 35010 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.168	Nonpriority creditor's name and mailing address DASHMESH FREIGHT LINE LLC 1644 ROUNDHOUSE STREET Tulare, CA 93274 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,070.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.169	Nonpriority creditor's name and mailing address DCEE TRANZ 1108 VILLA AVE APT 122A Clovis, CA 93612 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.170	Nonpriority creditor's name and mailing address DEEP LOGISTICS INC 5249 N COMELIA AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,040.00
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3.171	Nonpriority creditor's name and mailing address Delta Premium Financing Inc PO Box 66501 Saint Louis, MO 63166 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.172	Nonpriority creditor's name and mailing address Deluxe Insurance Agency 555 West 91st Street Los Angeles, CA 90044 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.173	Nonpriority creditor's name and mailing address Derenik Tosunyan dba Superson 30821 East The Old Road San Fernando, CA 91340 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
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3.174	Nonpriority creditor's name and mailing address DHADDA TRANSPORT INC 3241 INDUSTRIAL DRIVE Yuba City, CA 95993 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,665.00
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3.175	Nonpriority creditor's name and mailing address DHAMI BROTHERS INC 1601 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,900.00
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name	
3.176 Nonpriority creditor's name and mailing address DHANJU TRUCK LINE INC DBA: DTL 221 SPRINGFIELD DR Manteca, CA 95337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,157.00
3.177 Nonpriority creditor's name and mailing address DHESI FREIGHTLINES, INC 2828 EL CENTRO ROAD Sacramento, CA 95833 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,850.00
3.178 Nonpriority creditor's name and mailing address Dillon Risk Management B31:L31 Insuranc Services Inc 4180 Douglas Blvd #100 Granite Bay, CA 95746 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.179 Nonpriority creditor's name and mailing address Direct Deal Insurance 11803 Pierce Street #200 Riverside, CA 92505 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.180 Nonpriority creditor's name and mailing address DISPATCH CENTRAL INC 6752 DE MOSS DRIVE APT 217 Houston, TX 77074 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$17,539.00
3.181 Nonpriority creditor's name and mailing address DJD TRUCKING INC 7614 IRON HORSE PL Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,340.00
3.182 Nonpriority creditor's name and mailing address Dodge Insurance dba Arroyo Insurance Service 225 E. Santya Clara St. #130 Arcadia, CA 91006 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12,429.29

Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.183	Nonpriority creditor's name and mailing address Don Rose Logistics Inc 1218 S Glendale Ave Ste 67 Glendale, CA 91205 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,200.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184	Nonpriority creditor's name and mailing address DON ROSE LOGISTICS, INC 11475 PENROSE ST Sun Valley, CA 91352 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.185	Nonpriority creditor's name and mailing address Doyle & Ogden Insurance 3330 Broadmoor Ave. SE #E Grand Rapids, MI 49512 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.186	Nonpriority creditor's name and mailing address DREAMLAND TRUCKING INC 3310 BEACHWOOD Merced, CA 95348 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,186.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.187	Nonpriority creditor's name and mailing address DS SANDHU TRANS 8312 LIBBY CT Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,060.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.188	Nonpriority creditor's name and mailing address DS SANDHU TRANS 1206 TORI LANE Yuba City, CA 95993 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,070.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.189	Nonpriority creditor's name and mailing address DSD EXPRESS INC 1712 GINGKO AVE Modesto, CA 95354 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,788.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.190	Nonpriority creditor's name and mailing address DSG EXPRESS INC 575 MATMOR RD APT 30 Woodland, CA 95776 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,275.00
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3.191	Nonpriority creditor's name and mailing address DSK TRUCKING INC 2120 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,825.00
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3.192	Nonpriority creditor's name and mailing address E & R TRANSPORTATION, INC DBA E & R TRUCKING Mendota, CA 93640 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,623,918.00
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3.193	Nonpriority creditor's name and mailing address E&E TRUCKING INC 3303 W Magnolia Blvd Burbank, CA 91505 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,375.00
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3.194	Nonpriority creditor's name and mailing address EARTH BUSES, LLC 6442 WINDY ROAD Las Vegas, NV 89119 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,093.00
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3.195	Nonpriority creditor's name and mailing address Earthtrade Inc 3424 3rd St Riverside, CA 92501 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,005.00
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3.196	Nonpriority creditor's name and mailing address EASY LIVING 6685 QUINCE ROAD Memphis, TN 38125 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,587.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.197	Nonpriority creditor's name and mailing address Easy Truck Insurance Svcs Inc. 7635 Clement Road Vacaville, CA 95688 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.198	Nonpriority creditor's name and mailing address EDGAR GARCIA DBA: LM & SONS TRUCKING 13600 NAPA ST Fontana, CA 92336 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,150.00
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3.199	Nonpriority creditor's name and mailing address EDMONDS XPRESS TRUCKING 24950 S MAIN STREET Carson, CA 90745 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,234.00
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3.200	Nonpriority creditor's name and mailing address EK LOGISTICS INC 1565 SEKIO AVE Rowland Heights, CA 91748 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,212.00
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3.201	Nonpriority creditor's name and mailing address ELIZA EXPRESS INC 13115 Oxnard St Apt 11 Van Nuys, CA 91401 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,613.00
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3.202	Nonpriority creditor's name and mailing address ELT TRANSPORTATION, LLC 9351 JACKSON RD Sacramento, CA 95826 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,450.00
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3.203	Nonpriority creditor's name and mailing address Empire Transport Ins Svcs. 21500 Burbank Blvd. Unit 114 Woodland Hills, CA 91367 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name	
3.204 Nonpriority creditor's name and mailing address ENIO ROJAS DBA: SONS OF ROJAS 6400 VALLEY VIEW Buena Park, CA 90620 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.205 Nonpriority creditor's name and mailing address ERIC ALAN JOHNSTON II DBA ENE TRUCKING 24701 ARTHUR ROAD Escalon, CA 95320 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,931.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.206 Nonpriority creditor's name and mailing address ERIC TIMMOTHY ALFRED DBA WEST COAST FREIGHTLINES 501 TAYLOR STREET APT 24 Bakersfield, CA 93309 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,750.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.207 Nonpriority creditor's name and mailing address Esessay Insurance Services PO Box 3279 Danville, CA 94526 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.208 Nonpriority creditor's name and mailing address EXCLUSIVE TRUCKING INC 1004 WEST COVINA PKWY UNIT 217 West Covina, CA 91790 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,450.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.209 Nonpriority creditor's name and mailing address Executive Insurance Agency PO Box 480 Stockbridge, GA 30281 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210 Nonpriority creditor's name and mailing address EXTRA HAUL EXPRESS 1235 OSWALD RD Yuba City, CA 95991 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,630.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.211	Nonpriority creditor's name and mailing address F G F TRUCKING 2 LLC 2039 QUAIL PLACE DRIVE Missouri City, TX 77489 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$21,850.00</u>
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3.212	Nonpriority creditor's name and mailing address FAST & SAFE TRANSPORT 12000 PAXTON STREET Sylmar, CA 91342 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,175.00</u>
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3.213	Nonpriority creditor's name and mailing address FASTRACK FREIGHT INC 4193 FLATROCK DRIVE #200 Riverside, CA 92505 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,950.00</u>
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3.214	Nonpriority creditor's name and mailing address Fidelity Truck & Auto Ins 115 N. Vineyard Avenue #200 Ontario, CA 91764 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.215	Nonpriority creditor's name and mailing address Fino Services LLC 6193 Hwy Blvd. Katy, TX 77494 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.216	Nonpriority creditor's name and mailing address FIROZ THIND DBA MMA TRUCKING 5431 E PARLIER AVE Fowler, CA 93625 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,260.00</u>
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3.217	Nonpriority creditor's name and mailing address FIRST EAGLE TRUCKING 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,000.00</u>
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name	
3.218 Nonpriority creditor's name and mailing address First Insurance Funding PO Box 7000 Carol Stream, IL 60197 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41,200.47 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219 Nonpriority creditor's name and mailing address First Mid Bank Elan Financial Services PO Box 790408 Saint Louis, MO 63179 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>2116</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$388,700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt : (2) loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220 Nonpriority creditor's name and mailing address First Mid Bank Elan Financial Services PO Box 790408 Saint Louis, MO 63179 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt (credit card)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.221 Nonpriority creditor's name and mailing address FIVE STAR DELIVERY SERVICES LL 1630 SANTA MONICA ST San Antonio, TX 78201 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,700.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.222 Nonpriority creditor's name and mailing address FLEET MATCH, INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,440.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223 Nonpriority creditor's name and mailing address Fortis Insurance Brokers 1212 S. Bristol Street #11 Santa Ana, CA 92704 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2018-23</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224 Nonpriority creditor's name and mailing address FRANCIS DOLORES GONZALEZ DBA LOLY TRANSPORT 14320 SLOVER AVE Fontana, CA 92337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,775.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.225	Nonpriority creditor's name and mailing address FRIENDLY & SAFE TRANSPORT LLC 1716 BRIARCREST DRIVE Bryan, TX 77802 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,700.00</u>
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3.226	Nonpriority creditor's name and mailing address Fundamental Underwriters 28791 Network Place Chicago, IL 60673 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.227	Nonpriority creditor's name and mailing address FUTURE MEDICAL TRANSPORTATION, 6442 WINDY ROAD Las Vegas, NV 89119 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,093.00</u>
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3.228	Nonpriority creditor's name and mailing address G & E TRUCKING, INC 9017 STATEN ISLAND DRIVE Bakersfield, CA 93311 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,145.00</u>
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3.229	Nonpriority creditor's name and mailing address G.M. Lawrence Brokerage 7746 Lorraine Ave #214 Stockton, CA 95210 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.230	Nonpriority creditor's name and mailing address GA TRANSPORTATION INC 15825 ROXFORD ST Sylmar, CA 91342 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,205.00</u>
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3.231	Nonpriority creditor's name and mailing address GAGAN XPRESS INC 2572 S UNION AVE Fresno, CA 93703 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,248.00</u>
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.232	Nonpriority creditor's name and mailing address Gain Insurance Agency 1502 Cypress Avenue Los Angeles, CA 90062 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.233	Nonpriority creditor's name and mailing address GALVAN AND SONS TRANSPORT LLC 11234 DUBLIN TRACE Dallas, TX 75254 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.234	Nonpriority creditor's name and mailing address GAMERZ LOGISTICS INC 1820 PENNEBAKER WAY APT 202 Manteca, CA 95336 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,525.00
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3.235	Nonpriority creditor's name and mailing address GAYLE'S TRANSPORTATION COMPANY 14416 SLOVER AVE Fontana, CA 92337 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,383.00
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3.236	Nonpriority creditor's name and mailing address Gazelle Logistics Inc 8261 Schaeffer Ave Ontario, CA 91761 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,785.00
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3.237	Nonpriority creditor's name and mailing address GBC Insurance Solutions Inc 110 East 9th St, Suite A-1126 Los Angeles, CA 90079 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.238	Nonpriority creditor's name and mailing address General Agents Acceptance Corp PO Box 1177 Lake Forest, CA 92609 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.15
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.239	Nonpriority creditor's name and mailing address GERMAN TRUCKING INC 4129 MERCER DRIVE Modesto, CA 95356 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,275.00</u>
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3.240	Nonpriority creditor's name and mailing address GGs TRUCKING INC 3150 N WEBER AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,545.00</u>
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3.241	Nonpriority creditor's name and mailing address GHALIB TRUCKING INC 1513 ALAMO DRIVE APT 21 Vacaville, CA 95687 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,422.00</u>
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3.242	Nonpriority creditor's name and mailing address Ghasem Nikjoo dba Pacific Caravan Trucking dba Pacific Cara Irvine, CA 92614 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,300.00</u>
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3.243	Nonpriority creditor's name and mailing address GID TRANSPORT EXPRESS INC 5170 Steve Ave Riverside, CA 92509 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,025.00</u>
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3.244	Nonpriority creditor's name and mailing address GILSON XPRESS INC 1030 COTTONWOOD RD Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,067.00</u>
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3.245	Nonpriority creditor's name and mailing address GIVDJ Valley Ins. Agency LLC 2350 W. Shaw Avenue #150 Fresno, CA 93711 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.246	Nonpriority creditor's name and mailing address Givesurance Ins Servives LLC 21900 Burbank Blvd. 3rd Floor Woodland Hills, CA 91367 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.247	Nonpriority creditor's name and mailing address GLEN SAGASTUME GARCIA 14928 SLOVER ST Fontana, CA 92337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,763.00
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3.248	Nonpriority creditor's name and mailing address Glendale Best Insurance Svc 1236 S. Glendale Ave #A Glendale, CA 91205 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.249	Nonpriority creditor's name and mailing address GLG, Inc. 6332 S. Rainbow Blvd #100 Las Vegas, NV 89118 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.250	Nonpriority creditor's name and mailing address GLOBAL STAR TRANS INC 3500 DATA DRIVE APT 262 Rancho Cordova, CA 95670 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,713.00
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3.251	Nonpriority creditor's name and mailing address GNTTC, INC 19610 SERMAN WAY UNIT 1 Reseda, CA 91335 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,343.00
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3.252	Nonpriority creditor's name and mailing address Go To Premium Finance PO Box 4312 Woodland Hills, CA 91365 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.253	Nonpriority creditor's name and mailing address GOLD CARRIERS, INC 5620 DISTRICK BLVD APT 1089331 Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,975.00
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3.254	Nonpriority creditor's name and mailing address GOLDEN HAWK TRANSPORTATION INC 3400 E ROSE ST Compton, CA 90221 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,125.00
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3.255	Nonpriority creditor's name and mailing address Golden Pro Insurance Svcs, Inc 28048 Bouquest Canyon Road Suite #2 Santa Clarita, CA 91350 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.256	Nonpriority creditor's name and mailing address Gomez Insurance Agency 3651 Mitchell Rd #D Ceres, CA 95307 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.257	Nonpriority creditor's name and mailing address GOMEZ TRANSPORTATION, LLC 25208 MC COY AVE Harbor City, CA 90710 Date(s) debt was incurred <u>2020b</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,938.00
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3.258	Nonpriority creditor's name and mailing address GR CARRIER, INC 2955 OATES STREET West Sacramento, CA 95691 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,350.00
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3.259	Nonpriority creditor's name and mailing address Grandeza Ins Brokerage, Inc. 17791 Exa Court Carson, CA 90746 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.260	Nonpriority creditor's name and mailing address Granite Premium Finance Inc PO Box 66501 Saint Louis, MO 63166 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.261	Nonpriority creditor's name and mailing address GREGORY MAGEE II 6327 MELODY LANE APT 2724 Dallas, TX 75231 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,749.00
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3.262	Nonpriority creditor's name and mailing address GREWAL FREIGHTWAY INC 3612 W SAN JOSE AVE APT 213 Fresno, CA 93711 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,860.00
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3.263	Nonpriority creditor's name and mailing address GULCHUCKS TRANSPORTATION SERVI 2201 FOREST LAKE DRIVE 95670 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
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3.264	Nonpriority creditor's name and mailing address GURCHARANJIT SINGH DBA: SANGER BROS 4231 E CLAYTON AVE Fresno, CA 93725 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,071.00
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3.265	Nonpriority creditor's name and mailing address GURMINDER SINGH 1700 N Tully Rd Apt E238 Turlock, CA 95380 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,150.00
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3.266	Nonpriority creditor's name and mailing address Gurnam Singh dba: NS Transport 2301 W BELMONT AVE Fresno, CA 93728 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,070.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.267	Nonpriority creditor's name and mailing address Gurnam Transport, Inc 2396 South Golden Gate Blvd Fowler, CA 93625 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,458.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.268	Nonpriority creditor's name and mailing address GURPINDER SINGH DBA SAMRA TRUCK LINE Delhi, CA 95315 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,922.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.269	Nonpriority creditor's name and mailing address GURPREET SINGH DBA JAKARA TRAN 1916 WOODLAND DRIVE Yuba City, CA 95991 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,840.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.270	Nonpriority creditor's name and mailing address GURPREET SINGH DBA BAAZ TRUCK LINE 1740 REILLY ROAD Merced, CA 95341 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,925.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.271	Nonpriority creditor's name and mailing address GURPREET SINGH DBA LIVE TRUCKI 3032 N VAHE AVE Fresno, CA 93737 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,840.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.272	Nonpriority creditor's name and mailing address GURPREET SINGH DBA RED TRANSP 6082 N DELBERT AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,584.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.273	Nonpriority creditor's name and mailing address GURPREET SINGH PADDA DBA BLUE HORSE TRANSPORT Fresno, CA 93711 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,880.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.274	Nonpriority creditor's name and mailing address GURSEWAK S GILL 3469 W BENJAMIN HOLT DR #497 Stockton, CA 95219 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,513.00
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3.275	Nonpriority creditor's name and mailing address H LOMELI TRUCKING LLC 2093 FOOTHILL AVE San Bernardino, CA 92410 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,063.00
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3.276	Nonpriority creditor's name and mailing address H2B LOGISTICS LLC 1204 SUMMER LANE McKinney, TX 75071 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,213.00
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3.277	Nonpriority creditor's name and mailing address HANJIE TRUCKING 7737 MEADOWCREST CT Rancho Cucamonga, CA 91730 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
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3.278	Nonpriority creditor's name and mailing address HAR EXPRESS INC 7003 N SHIRAZ AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,985.00
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3.279	Nonpriority creditor's name and mailing address HAR TRANSPORT INC 14447 FIRESTONE BLVD La Mirada, CA 90638 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,125.00
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3.280	Nonpriority creditor's name and mailing address HARBINDER SINGH DHALIWAL DBA D 9245 STEPHENS ST Delhi, CA 95315 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,103.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.281	Nonpriority creditor's name and mailing address HARDEEP SINGH DBA CALI RYDAZ T 762 SUGAR PINE DRIVE Lathrop, CA 95330 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,761.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.282	Nonpriority creditor's name and mailing address HARDIP SINGH DBA HARRY TRUCKIN 1849 NELSON BLVD APT 144 Selma, CA 93662 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.283	Nonpriority creditor's name and mailing address HARJINDER SINGH 2190 N SCHNOOR ST #124 Madera, CA 93637 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,468.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.284	Nonpriority creditor's name and mailing address HARJOT SINGH MAAN DBA SMS TRANSPORT 6838 W FALLON AVE Nashville, TN 37220 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,275.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.285	Nonpriority creditor's name and mailing address HARMAN TRUCK LINE INC 7529 REESE RD Sacramento, CA 95828 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,800.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.286	Nonpriority creditor's name and mailing address HARMANDEEP SINGH KHANGURA DBA DBA PARAM TRUCKING 2306 AMANECER AVE Clovis, CA 93619 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,078.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.287	Nonpriority creditor's name and mailing address HARMINDER SINGH DBA DTC 3111 S CHESTNUT AVE Fresno, CA 93725 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,550.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.288	Nonpriority creditor's name and mailing address HARNOOR TRANSPORT INC 1545 JODI DRIVE Yuba City, CA 95993 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt 4970</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.289	Nonpriority creditor's name and mailing address HAROLD R CHANDRA 3594 CRISSWELL DRIVE Elk Grove, CA 95624 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,808.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.290	Nonpriority creditor's name and mailing address HARPREET SINGH VIRK DBA VIRK T 4408 TRUXEL RD APT 38 Sacramento, CA 95834 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,890.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.291	Nonpriority creditor's name and mailing address HARRY SUN TRUCKING LLC 5545 N MADELYN AVE Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,225.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.292	Nonpriority creditor's name and mailing address HARWINDER SINGH 4501 MARPLE CREST STREET Sacramento, CA 95834 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,525.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.293	Nonpriority creditor's name and mailing address HAUL LOGISTICS 4951 W JACQUELYN AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,275.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.294	Nonpriority creditor's name and mailing address Haul Master Carriers LLC 33200 Rd 212 Woodlake, CA 93286 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,020.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.295 Nonpriority creditor's name and mailing address Heffernan Insurance Brokers 1350 Carlbach Avenue Walnut Creek, CA 94596 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.296 Nonpriority creditor's name and mailing address HIGHWAY FREIGHT INC 1220 S CLOVER AVE Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,425.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.297 Nonpriority creditor's name and mailing address Hilltop Specialty Insurance Co Hudson Insurance Group 100 William Street 5th Floor New York, NY 10038 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$207,130.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.298 Nonpriority creditor's name and mailing address HNI Risk Services LLC 16805 West Cleveland Ave New Berlin, WI 53151 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.299 Nonpriority creditor's name and mailing address HONEY BEE, Inc 2207 E CARSON ST Long Beach, CA 90810 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,750.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.300 Nonpriority creditor's name and mailing address HOWE TRANSPORT LLC 1140 CEDAR AVE Bloomington, CA 92316 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.301 Nonpriority creditor's name and mailing address HPH TRANSPORTATION INC 9250 TUJUNGA AVE Sun Valley, CA 91352 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,412.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.302	Nonpriority creditor's name and mailing address HSD CARRIER INC 4402 RIO VIEJO DRIVE Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,025.00
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3.303	Nonpriority creditor's name and mailing address HSK CARRIERS INC 15543 Castellion Rd Fontana, CA 92337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,575.00
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3.304	Nonpriority creditor's name and mailing address Hub International Midwest Ltd PO Box 158 Evansville, IN 47701 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.305	Nonpriority creditor's name and mailing address HUDSONBYRD TRUCKING LLC 525 HIGHWAY 4 E Ashland, MS 38603 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,200.00
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3.306	Nonpriority creditor's name and mailing address HUMBERTO ELIZALDE 1558 N ST Newman, CA 95360 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,049.00
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3.307	Nonpriority creditor's name and mailing address HUMBLE FREIGHT CARRIER INC 4225 W CAPTIOL AVE Clovis, CA 93611 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,025.00
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3.308	Nonpriority creditor's name and mailing address HUNDAL BROS EXPRESS INC 10865 WALNUT DRIVE Fontana, CA 92335 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,959.00
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.309 Nonpriority creditor's name and mailing address HUSKY GROUP INC 11414 PENROSE AVE Sun Valley, CA 91352 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,848.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.310 Nonpriority creditor's name and mailing address HUSKY GROUP INC 11434 PENROSE ST Sun Valley, CA 91352 Date(s) debt was incurred <u>202</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,090.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.311 Nonpriority creditor's name and mailing address I Truck Road LLC 291 Del Amo Fashion Ct #13114 Torrance, CA 90503 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,283.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.312 Nonpriority creditor's name and mailing address IAHORIA TRANS INC 1596 ALICIA WAY Sacramento, CA 95835 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,500.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.313 Nonpriority creditor's name and mailing address IBROKHIM KAYUMOV 1408 48TH AVE San Francisco, CA 94122 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,250.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.314 Nonpriority creditor's name and mailing address ICELAND EXPRESS INC 3661 W SHIELDS AVE APT 156 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,655.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315 Nonpriority creditor's name and mailing address IHAR ZVERAU DBA CD MOVING & TRANSPORTATION 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,075.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name 3.316 Nonpriority creditor's name and mailing address Inatellekt Insurance Solutions 417 West Arden Ave #121A Glendale, CA 91203 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.317 Nonpriority creditor's name and mailing address Inland Business Systems PO Box 843760 Los Angeles, CA 90084 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$246.48
3.318 Nonpriority creditor's name and mailing address Insurance Finance Company LLC PO Box 315 Des Moines, IA 50306 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.319 Nonpriority creditor's name and mailing address Insuremart, Inc. 265 S. Rainbow Blvd #310 Las Vegas, NV 89146 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.320 Nonpriority creditor's name and mailing address Integrity Network Ins Group 1315 Grand Ave Pkwy#101 Pflugerville, TX 78660 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.321 Nonpriority creditor's name and mailing address Inter Red Insurance Svcs 9765 Marconi Drive #105 San Diego, CA 92154 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.322 Nonpriority creditor's name and mailing address Inzone Insurance Services fka G.M. Lawrence Ins. Broker 776 Lorraine Avenue #214 Stockton, CA 95210 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.323	Nonpriority creditor's name and mailing address IPFS PO Box 412086 Kansas City, MO 64105 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,161.85
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3.324	Nonpriority creditor's name and mailing address ITZEL BIBIANO DBA M AND I TRAN 1820 HARTMAN ROAD Livermore, CA 94551 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,882.00
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3.325	Nonpriority creditor's name and mailing address Ivan Marquez Agency 801 15th Street #A Burbank, CA 91506 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.326	Nonpriority creditor's name and mailing address J & D TRANS, INC 1816 GOLDEN STATE AVE Bakersfield, CA 93301 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,112.00
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3.327	Nonpriority creditor's name and mailing address J & J TRUCKLINES INC 1002 FRONTAGE RD Ripon, CA 95366 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,793.00
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3.328	Nonpriority creditor's name and mailing address J C LOGISTICS LLC 8631 LIVE OAK Fontana, CA 92335 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.329	Nonpriority creditor's name and mailing address J&S Insurance Agency 18709 116th Avenue East Puyallup, WA 98374 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.330	Nonpriority creditor's name and mailing address JACKPOT EXPRESS INC 600 HOSKING AVE APT 540 Bakersfield, CA 93307 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,875.00</u>
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3.331	Nonpriority creditor's name and mailing address Jagdeep Singh Ins Agency, Inc. 4185 West Figarden Dr. #101 Fresno, CA 93722 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.332	Nonpriority creditor's name and mailing address JAGDISH SINGH SRAN DBA APV TRA 7601 SUNRISE BLVD SUITE 5 New York, NY 10095 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,095.00</u>
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3.333	Nonpriority creditor's name and mailing address JAGDISH SINGH SRAN DBA APV TRA 3175 SANKEY ROAD Pleasant Grove, CA 95668 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,999.00</u>
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3.334	Nonpriority creditor's name and mailing address JAGJEET SINGH DBA: FAST EXPRE 3965 W SHIELD AVE #23 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,790.00</u>
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3.335	Nonpriority creditor's name and mailing address JAN CARRIER, INC 701 ROOSTER DRIVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt 1</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,331.00</u>
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3.336	Nonpriority creditor's name and mailing address JARET PYE DBA BILL PYE TRUCKING LLC 4602 S BUDLONG AVE Los Angeles, CA 90037 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$661.00</u>
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Debtor	Altamont Insurance Group, LLC	Case number (if known)	
	Name		
3.337	Nonpriority creditor's name and mailing address JARNAIL SINGH DBA ON TIME TRUCKING 1301 RICHLAND AVE APT 141 Modesto, CA 95351 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,875.00
3.338	Nonpriority creditor's name and mailing address JARNAIL SINGH DHALIWAL DBA DHALIWAL TRUCKING 600 HOSKING AVE APT 7D Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,175.00
3.339	Nonpriority creditor's name and mailing address JASVINDER SINGH DBA NS TRANSP 6651 W KADOTA AVE Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,195.00
3.340	Nonpriority creditor's name and mailing address JASVIR KAUR DBA JAGAT TRANSPOR 5187 W CARMEN AVE Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,725.00
3.341	Nonpriority creditor's name and mailing address JASWINDER KAUR DBA GOLDEN STATE TRUCKING 1187 N WILLOW AVE STE 103 #814 Clovis, CA 93611 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,018.00
3.342	Nonpriority creditor's name and mailing address JATINDER SINGH DBA DHAILWAL 888 BETHEL AVE APT 130 Sanger, CA 93657 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,460.00
3.343	Nonpriority creditor's name and mailing address JATINDERPAL SINGH GARCHA DBA GARCHA EXPRESS 3880 MOUNTAIN VIEW ROAD, Turlock, CA 95382 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,601.00

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.344 Nonpriority creditor's name and mailing address Javier Chavez Agency LLC 14531 Kentley Orchard Lane Cypress, TX 77429 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.345 Nonpriority creditor's name and mailing address Javier Insurance Services 12116 Garfield Avenue South Gate, CA 90280 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.346 Nonpriority creditor's name and mailing address Jawanda Express Inc 1595 Solistra CIR Colton, CA 92324 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,233.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.347 Nonpriority creditor's name and mailing address JBSN TRANSPORT INC 5414 E LAURITE AVE Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,725.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.348 Nonpriority creditor's name and mailing address JD SUKH EXPRESS 8700 ANTELOPE NORTH RD Antelope, CA 95843 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.349 Nonpriority creditor's name and mailing address Jesus Emmanuel Hernandez Meza dba J&M Transport 46155 DILLON ROAD Sylmar, CA 91342 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,400.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350 Nonpriority creditor's name and mailing address JHAND CARRIER, INC 5301 N VALENTINE AVE APT 157 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,113.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.351	Nonpriority creditor's name and mailing address JNB LOGISTICS INC 15627 W BOTELHO AVE Kerman, CA 93630 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,214.00
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3.352	Nonpriority creditor's name and mailing address JOGA SINGH DBA SGS TRANS INC 3075 W NIELSON AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,832.00
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3.353	Nonpriority creditor's name and mailing address Jones Trucking Ins. Agency Inc 10100 Saddlecreek Road Waco, TX 76708 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.354	Nonpriority creditor's name and mailing address JONPAL SINGH 2572 S UNION ROAD Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,667.00
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3.355	Nonpriority creditor's name and mailing address Jordan A. Bremer 2530 P Street Merced, CA 95340 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.356	Nonpriority creditor's name and mailing address JOSE LUIS VASQUEZ 2538 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
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3.357	Nonpriority creditor's name and mailing address JS SINGH 4375 N GOLDEN STATE BLVD Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,762.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.358	Nonpriority creditor's name and mailing address JS SINGH 4460 W SHAW AVE PMB 379 Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,722.00
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3.359	Nonpriority creditor's name and mailing address JS SINGH 6103 SHINING SUNSET DRIVE Sparks, NV 89436 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,082.00
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3.360	Nonpriority creditor's name and mailing address JTC Insurance Agency 17800 Castleton Street Rowland Heights, CA 91748 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.361	Nonpriority creditor's name and mailing address JUAN A VELAZQUEZ DBA JAM TRUCK 1109 KLEEMAN WAY Arbuckle, CA 95912 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,125.00
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3.362	Nonpriority creditor's name and mailing address JUAN AMERICANO HERNANDEZ DBA j&a TRUCKING 2850 LOOMIS RD Stockton, CA 95205 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,970.00
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3.363	Nonpriority creditor's name and mailing address JUAN LUNA CASTELLANOS 11392 SKY COUNTRY DRIVE Mira Loma, CA 91752 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.364	Nonpriority creditor's name and mailing address JUAN MANUEL AMEZCUA 14201 COSTAJO RD Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,390.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.365	Nonpriority creditor's name and mailing address JUJHAR SINGH DBA BINDRA EXPRES 4101 E NORTH AVE Fresno, CA 93725 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,655.00
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3.366	Nonpriority creditor's name and mailing address JULIO CESAR CORTEZ 9317 Bandera St Los Angeles, CA 90002 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,925.00
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3.367	Nonpriority creditor's name and mailing address Julio Orellana Prieto dba OP&J Trucking 14320 Soldedad Canyon Canyon Country, CA 91387 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,875.00
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3.368	Nonpriority creditor's name and mailing address K JOT TRUCKING INC 2881 E JENSON AVE Fresno, CA 93706 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,970.00
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3.369	Nonpriority creditor's name and mailing address K&P Transportation LLC 1565 Sekio Ave Rowland Heights, CA 91748 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,763.00
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3.370	Nonpriority creditor's name and mailing address KANGAROOFREIGHT LINES INC DBA KFL INC. 9881 ELDER CREEK RD Sacramento, CA 95829 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,807.00
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3.371	Nonpriority creditor's name and mailing address KANWALJIT SINGH 10322 W LINNE RD Tracy, CA 95376 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$723.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.372	Nonpriority creditor's name and mailing address KATERIN K KHACHIKYAN DBA WHITE Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,588.00
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3.373	Nonpriority creditor's name and mailing address KAUFMAMNNS LLC 241 W. Rialto Ave Unit 805 Baker, CA 92309 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
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3.374	Nonpriority creditor's name and mailing address KAWALJIT SINGH BAJWA 11756 ROSE WIND CT Rancho Cordova, CA 95742 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,118.00
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3.375	Nonpriority creditor's name and mailing address KAZZANOS TRUCKING INC 652 E 12TH STREET Los Angeles, CA 90023 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,998.00
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3.376	Nonpriority creditor's name and mailing address KD TRANSIT INC 3565 W BARSTOW AVE APT 217 Fresno, CA 93711 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,275.00
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3.377	Nonpriority creditor's name and mailing address Kemper CPA Group LLP 3031 W. March Lane #133 South Stockton, CA 95219 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.378	Nonpriority creditor's name and mailing address KEVIN LOUIS HARRIS DBA HARRIS FAMILY TRUCKING 20030 CRESTVIEW DRIVER 134 Canyon Country, CA 91351 Date(s) debt was incurred <u>20030 CRESTVIEW DRIVER 134</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,968.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.379	Nonpriority creditor's name and mailing address KEVIN POOLER DBA: POOLER TRUCK 4236 SO HIGHWAY 99 Stockton, CA 95215 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,550.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.380	Nonpriority creditor's name and mailing address KEVINDEEP SINGH BRAR DBA: CALI 4231 N BAIN AVE Fresno, CA 93722 Date(s) debt was incurred <u>93722</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,743.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.381	Nonpriority creditor's name and mailing address Khachik Sahakyan dba GS 12 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,100.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.382	Nonpriority creditor's name and mailing address KHATTRA CARGO INC 5118 BLUE BROOK DRIVE Bakersfield, CA 93313 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,345.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.383	Nonpriority creditor's name and mailing address KHUSHWANT SINGH 596 ANNA DRIVE Yuba City, CA 95993 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.384	Nonpriority creditor's name and mailing address KHUSHWANT SINGH 596 ANNA DRIVE Yuba City, CA 95993 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,788.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.385	Nonpriority creditor's name and mailing address KHUSHWANT SINGH 2730 W PRINCETON AVE Fresno, CA 93705 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,850.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name _____			

3.386	Nonpriority creditor's name and mailing address Kingpin Insurance Services 30545 Union City Blvd. Union City, CA 94587 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.387	Nonpriority creditor's name and mailing address KKR TRANSPORTATION, INC 4259 W CAMBRIDGE AVE Fresno, CA 93722 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,548.00
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3.388	Nonpriority creditor's name and mailing address KNIGHTAEH INC 144 N CEDAR ST Glendale, CA 91206 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.389	Nonpriority creditor's name and mailing address KRS LOGISTICS, INC KRS LOGISTICS, INC Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,225.00
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3.390	Nonpriority creditor's name and mailing address KS KHALSA TRANSPORT INC 6221 W SAN JOSE AVE Fresno, CA 93723 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,900.00
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3.391	Nonpriority creditor's name and mailing address KULWINDER SINGH DBA KS GILL 404 S WAVERLY LANE APT 117 Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,875.00
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3.392	Nonpriority creditor's name and mailing address Kunkel & Associates, Inc. 401 Data Court Dubuque, IA 52003 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name		Case number (if known)
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3.393	Nonpriority creditor's name and mailing address L&J CARGO INC 14111 Soledad Canyon Rd Canyon Country, CA 91387 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,425.00
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3.394	Nonpriority creditor's name and mailing address LA West Insurance Services 5177 W. Sunset Blvd Los Angeles, CA 90027 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00
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3.395	Nonpriority creditor's name and mailing address LAKHWINDER SINGH GILL DBA GHL 6251E AMERICAN AVE Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,575.00
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3.396	Nonpriority creditor's name and mailing address Lancashire Insurance Company 20 Fenchurch Street London , EC3M 3BY Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.397	Nonpriority creditor's name and mailing address LANCER TRANSPORT LLC 10961 LARCH AVE Riverside, CA 92516 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,565.00
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3.398	Nonpriority creditor's name and mailing address LAZO TRANSPORTATION INC 9441 OPAL AVE Mentone, CA 92359 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,123.00
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3.399	Nonpriority creditor's name and mailing address Leap Carpenter Kemp Insurance 3187 Collins Drive Merced, CA 95348 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name		Case number (if known)
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3.400	Nonpriority creditor's name and mailing address Licensing Professionals PO Box 566 Lynden, WA 98264 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,062.30
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3.401	Nonpriority creditor's name and mailing address LINK FREIGHT LINE INC 20 W COLLEGE PKW APT 154 M Carson City, NV 89706 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,810.00
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3.402	Nonpriority creditor's name and mailing address Links Insurance Services 6200 Village Parkway #203 Dublin, CA 94568 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.403	Nonpriority creditor's name and mailing address LITTLE MAN MOVING SERVICES, LL 3761 N 298TH DRIVE Buckeye, AZ 85396 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,640.00
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3.404	Nonpriority creditor's name and mailing address LKW TRANSPORTATION 82560 AIRPORT BLVD Sylmar, CA 91342 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,850.00
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3.405	Nonpriority creditor's name and mailing address LLX GROUP INC 8595 MILLIKEN AVE Tempe City, CA 91780 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,125.00
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3.406	Nonpriority creditor's name and mailing address LONDON EXPRESS, INC 3400 EAST 8 MILE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,775.00
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Debtor	Altamont Insurance Group, LLC	Case number (if known)	
	Name		
3.407	Nonpriority creditor's name and mailing address LONNIE DUANE HICKEY DBA RENEGADE LOGISTICS 108 S LONGHORN DR Weatherford, TX 76085 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,033.00
3.408	Nonpriority creditor's name and mailing address LPL TRANSPORT INC 519 4TH ST PMB 118 Clovis, CA 93612 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,448.00
3.409	Nonpriority creditor's name and mailing address LU WAY TRANSPORTATION, LLC 6956 DUBLIN DR Chino, CA 91710 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,946.00
3.410	Nonpriority creditor's name and mailing address Lubemer International Ins 11859 Inglewood Avenue Hawthorne, CA 90250 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.411	Nonpriority creditor's name and mailing address Lubin-Bergman Organization 5 Revere Drive #370 Northbrook, IL 60062 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.412	Nonpriority creditor's name and mailing address Lucila's Insurance Services 12116 Garfield Avenue South Gate, CA 90280 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.413	Nonpriority creditor's name and mailing address LVL, LLC DBA STARDUST TRANSPORTATION DBA STARDUST TRANSPOR Las Vegas, NV 89103 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,690.00

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.414	Nonpriority creditor's name and mailing address Lxtus Insurance Services 848 Clovis Avenue Clovis, CA 93612 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.415	Nonpriority creditor's name and mailing address M AND I TRANSPORT 898 HERMAN AVE APT 109 Livermore, CA 94551 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$793.00
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3.416	Nonpriority creditor's name and mailing address M G S TRUCKING 1200 ACACIA AVE Sutter, CA 95982 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.00
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3.417	Nonpriority creditor's name and mailing address MAA LOGISTICS INC 2572 S UNION RD Fresno, CA 93703 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,238.00
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3.418	Nonpriority creditor's name and mailing address MACHINERY TRANSPORT LLC 3397 HWY 259S Henderson, TX 75653 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
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3.419	Nonpriority creditor's name and mailing address MAGMATUS, LLC 1133 JUSTIN AVE #214 Glendale, CA 91201 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,350.00
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3.420	Nonpriority creditor's name and mailing address MAHI LOGISTICS INC 6752 VINELAND RD Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,425.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.421	Nonpriority creditor's name and mailing address MAJ TRUCKING LLC 13500 MARLAY AVE Fontana, CA 92337 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,380.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.422	Nonpriority creditor's name and mailing address MAJHA EXPRESS INC 1346 EAST TAYLOR STREET San Jose, CA 95133 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,375.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.423	Nonpriority creditor's name and mailing address MALWA HAULIER INC 400 GANDY DANCER DR Tracy, CA 95377 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,625.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.424	Nonpriority creditor's name and mailing address MAND LOGISTICS INC 3602 W SAN JOSE AVE APT 140 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,820.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.425	Nonpriority creditor's name and mailing address MANJINDER SINGH DBA MANAK TRAN 555 S ARGYLE AVE APT 122 Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,546.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.426	Nonpriority creditor's name and mailing address MANJIT SINGH DBA LOVEJOT TRANSPORT 19758 SANTA ANA AVE Bloomington, CA 92316 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,915.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.427	Nonpriority creditor's name and mailing address MANPREET SINGH DBA M & M CARGO 6428 GREEN GARDEN DR Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,330.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.428	Nonpriority creditor's name and mailing address MANUEL SALVADOR RODRIGUEZ DBA SALS TRANSPORTATION 195 98TH AVE Oakland, CA 94603 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,123.00
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3.429	Nonpriority creditor's name and mailing address MARCO A RICO DBA IMPERIAL FREI 2712 MEADOWBRROK DR Imperial, CA 92251 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,112.00
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3.430	Nonpriority creditor's name and mailing address MARCOS A GONZALEZ CERROS DBA M 1590 11TH ST Mendota, CA 93640 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,850.00
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3.431	Nonpriority creditor's name and mailing address Marquee Insurance Group LLC 1000 Holcomb Woods Pkwy #315A Roswell, GA 30076 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.432	Nonpriority creditor's name and mailing address Marshall-Sutton & Associates 1209 N.Saginaw Blvd #G-251 Fort Worth, TX 76179 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.433	Nonpriority creditor's name and mailing address MARTIN & DANIE MORALES DBA MORALES TRUCKING 11405 DOWNEY AVE Downey, CA 90241 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,925.00
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3.434	Nonpriority creditor's name and mailing address MARVIN ANTONIO DIAZ MENDOZA DBA AM TRANSPORT 31901 SAN VICENTE RD San Diego, CA 92121 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,307.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.435	Nonpriority creditor's name and mailing address MASSEYS TRANS INC 15794 Boyle Ave Fontana, CA 92334 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,475.00
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3.436	Nonpriority creditor's name and mailing address Matthew Hernandez 5410 Rainbow Lane Atwater, CA 95301 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.437	Nonpriority creditor's name and mailing address MBT TRANSPORT INC 3139S H STREET APT 20 Robbins, CA 95676 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,230.00
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3.438	Nonpriority creditor's name and mailing address MBT TRANSPORT INC 3139S H STREET APT 20 Bakersfield, CA 93304 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,363.00
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3.439	Nonpriority creditor's name and mailing address MCFARLAND LOGISTICS INC 8701 US 395 Hesperia, CA 92344 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,794.00
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3.440	Nonpriority creditor's name and mailing address McGuire Transport LLC 9445 BELLEGRAVE AVE Baker, CA 92309 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
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3.441	Nonpriority creditor's name and mailing address McMillan Insurance Group Division of World Ins. Assoc 656 Shrewsbury Avenue #200 Red Bank, NJ 07701 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name _____			

3.442	Nonpriority creditor's name and mailing address McMillan Insurance Group 5608 Malvey Ave #119 Fort Worth, TX 76107 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.443	Nonpriority creditor's name and mailing address MDM TRANS, INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,950.00
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3.444	Nonpriority creditor's name and mailing address Metro Express International LL 6531 Rhodes Ave North Hollywood, CA 91606 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.00
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3.445	Nonpriority creditor's name and mailing address MHOOPER TRANSPORTATION LLC 3525 ISLAND AVE #D San Diego, CA 92102 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,452.00
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3.446	Nonpriority creditor's name and mailing address MIA EXPRESS LLC 27441 N BLACK CANYON HWY UNIT Stockton, CA 95205 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,970.00
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3.447	Nonpriority creditor's name and mailing address MIA EXPRESS LLC 27441 N BLACK CNYN HWY #T 107 Phoenix, AZ 85085 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,230.00
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3.448	Nonpriority creditor's name and mailing address Michael Hasan, CPA 5927 Balfour Court 115 Carlsbad, CA 92008 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.449	Nonpriority creditor's name and mailing address Michael Kennedy Ins Agency 2295 Fletcher Parkway #100 El Cajon, CA 92020 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.450	Nonpriority creditor's name and mailing address Mickey and Sons Inc 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,525.00
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3.451	Nonpriority creditor's name and mailing address Millennium Finance Corp PO Box 66501 Saint Louis, MO 63166 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.452	Nonpriority creditor's name and mailing address Mitel PO Box 53230 Phoenix, AZ 85072 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.96
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3.453	Nonpriority creditor's name and mailing address MK TRUCKLINES INC 1405 S POST ROAD Indianapolis, IN 46239 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,250.00
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3.454	Nonpriority creditor's name and mailing address MKS TRANS INC 2264 N MARKS AVE APT 234 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,863.00
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3.455	Nonpriority creditor's name and mailing address MMH Transport LLC 4162 Mission BLVD Montclair, CA 91763 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,763.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.456	Nonpriority creditor's name and mailing address MNATSAKAN MIKE GRIGORYAN 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,375.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.457	Nonpriority creditor's name and mailing address MOHAMMAD BOOTA SHAHBAZ DBA MAHER BROTHER 3645 EL DORADO ST Stockton, CA 95206 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,275.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.458	Nonpriority creditor's name and mailing address Mohammad Ilkhani dba Mozafari Trucking 115 S Wildwood Ave Glendora, CA 91741 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,288.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.459	Nonpriority creditor's name and mailing address MOHAN SINGH DBA A&A TRUCK LINE 2375 INDUSTRIAL ROWE Turlock, CA 95380 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,565.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.460	Nonpriority creditor's name and mailing address MOHI TRUCKING INC 6204 STINE RD APT C Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.461	Nonpriority creditor's name and mailing address MPG TRANSPORTATION LLC 1030 COTTONWOOD ROAD Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,250.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.462	Nonpriority creditor's name and mailing address MSD TRANSPORTATION, LLC 9508 185TH STREET CT PUYALLUP, WA 98735 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,305.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.463 Nonpriority creditor's name and mailing address MST INS SVCS INC 5249 N CORNELIA AVE CA 92722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,137.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.464 Nonpriority creditor's name and mailing address MST Insurance Services, Inc. 2672 Amtchi Court Tracy, CA 95304 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.465 Nonpriority creditor's name and mailing address MT ON TIME, INC 11620 PEORIA ST Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,920.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.466 Nonpriority creditor's name and mailing address MTA Transport Inc 5140 W Ramsey St Banning, CA 92220 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.467 Nonpriority creditor's name and mailing address MTG Insurance 106 East 12th Street Benton, KY 42025 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.468 Nonpriority creditor's name and mailing address MUHAMMAD ALI 11582 QUARTZ DR 95602 Auburn, CA 95602 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,125.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.469 Nonpriority creditor's name and mailing address MUKHPAL SINGH DBA MUKHPAL FREIGHT CARRIERS 2436 STAGECOACH RD Stockton, CA 95215 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,275.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.470	Nonpriority creditor's name and mailing address MULTANI TRUCKING INC 4801 TULLY RD Modesto, CA 95356 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,975.00
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3.471	Nonpriority creditor's name and mailing address Mustang Enterprise 8474 Coyote Trail Hesperia, CA 92344 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,350.00
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3.472	Nonpriority creditor's name and mailing address MV Destiny Insurance 5629 N. Figarden Dr. #111 Fresno, CA 93722 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.13
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3.473	Nonpriority creditor's name and mailing address MVP LOGISTICS, LLC 4325 E GUASTI ROAD Ontario, CA 91761 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,312.00
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3.474	Nonpriority creditor's name and mailing address MY NORTH ARROW, INC 185 CAJON BLVD San Bernardino, CA 92407 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,100.00
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3.475	Nonpriority creditor's name and mailing address N & NB TRUCKING INC 2572 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,450.00
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3.476	Nonpriority creditor's name and mailing address N S K FREIGHTLINES INC 619 EMERALD PLACE Manteca, CA 95336 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,475.00
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.477 Nonpriority creditor's name and mailing address NARWAL BROTHERS, INC 4449 N BRAWLEY AVE Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,273.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.478 Nonpriority creditor's name and mailing address NATAN TRUCKING LLC 9221 AMBERTON PARKWAY #140 Dallas, TX 75243 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,200.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.479 Nonpriority creditor's name and mailing address National Insurance Agency 7120 Minstrel Way #205 Columbia, MD 21045 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.480 Nonpriority creditor's name and mailing address NAVJOT SINGH DBA GURNAV TRANSP 3661 W SHIELDS AVE Fresno, CA 93722 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,058.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.481 Nonpriority creditor's name and mailing address NETWORK 24701 ARTHUR ROAD Escalon, CA 95320 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,931.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.482 Nonpriority creditor's name and mailing address Network Truck Ins Svcs, Inc. 120 Main Street Roseville, CA 95678 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.483 Nonpriority creditor's name and mailing address NEW ERA LOGISTICS INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,400.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt b</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name 3.484 Nonpriority creditor's name and mailing address New Ray Insurance Brokers 780 West Grand Ave #C Oakland, CA 94612 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.485 Nonpriority creditor's name and mailing address NEW RENAISSANCE ENTERPRISE, IN 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,375.00
3.486 Nonpriority creditor's name and mailing address Newfront Insurance Svc Inc 101 2nd Street #525 San Francisco, CA 94105 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.487 Nonpriority creditor's name and mailing address NEXT LEVEL LOGISTICS, INC 1108 E PALMER AVE APT 19 Glendale, CA 91205 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,263.00
3.488 Nonpriority creditor's name and mailing address NIJJAR BROTHERS INC 2733 W PRINCETON AVE Fresno, CA 93705 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,010.00
3.489 Nonpriority creditor's name and mailing address NIRMAL SINGH AUJLA DBA SSA TRU 2733 PRINCETON AVE Meadow Vista, CA 95722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$10,050.00
3.490 Nonpriority creditor's name and mailing address Noble West Insurance 205 Natoma Street Folsom, CA 95630 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name	
3.491 Nonpriority creditor's name and mailing address NORTH TRANS, INC 10322 W LINNE RD Tracy, CA 95376 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,520.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.492 Nonpriority creditor's name and mailing address NORTHERN VALLEY TRUCKING INC 1651 E WHITMORE AVE Ceres, CA 95307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.493 Nonpriority creditor's name and mailing address NOW TRANSPORTATION, LLC 5330 WHEATON ST La Mesa, CA 91942 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,080.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.494 Nonpriority creditor's name and mailing address NW TRANSPORTATION, LLC 5327 S RIMPAU BLVD Los Angeles, CA 90043 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.495 Nonpriority creditor's name and mailing address OBAN TRANSPORTATION, INC 11475 PENROSE ST Sun Valley, CA 91352 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,450.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.496 Nonpriority creditor's name and mailing address Old Kentucky Insurance Inc 915 Lily Creek Road Blakenbaker Office Park Louisville, KY 40243 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.497 Nonpriority creditor's name and mailing address On the Road Insurance Services 16225 Devonshire Street Granada Hills, CA 91344 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.498	Nonpriority creditor's name and mailing address On Time Freight, Inc. 1607 DUSTY MILLER LANE Ceres, CA 95307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,475.00
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3.499	Nonpriority creditor's name and mailing address ONKAR FREIGHT INC 3640 W NIELSEN AVE Fresno, CA 93706 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,175.00
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3.500	Nonpriority creditor's name and mailing address ONKAR TRANSPORT INC 3150 N. WEBER AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,175.00
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3.501	Nonpriority creditor's name and mailing address ORBIT TRNSPORT INC 8215 Beech Ave Fontana, CA 92335 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,913.00
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3.502	Nonpriority creditor's name and mailing address ORE LOGISTICS, LLC 6149 E BRICK DRIVE Fresno, CA 93727 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
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3.503	Nonpriority creditor's name and mailing address ORFILIA E LOPEZ DE OCHOA DBA: KILL TRANSPORT 8589 ETIWANDA AVE Rancho Cucamonga, CA 91739 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,278.00
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3.504	Nonpriority creditor's name and mailing address ORNELAS TRANSPORT COMPANY 430 N SACRAMENTO ST Lodi, CA 95240 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,275.00
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Debtor Name	Altamont Insurance Group, LLC	Case number (if known)	
3.505	Nonpriority creditor's name and mailing address OSP LOGISTICS INC 5925 MOONWOOD WAY Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,375.00
3.506	Nonpriority creditor's name and mailing address Ovia Insurance Services 1809 Banks Road Pompano Beach, FL 33063 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.507	Nonpriority creditor's name and mailing address OVSANNA KARAPETIAN DBA XTRA RO 10865 WALNUT DRIVE Sunland, CA 91040 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.508	Nonpriority creditor's name and mailing address P GAT TRUCKING INC 2733 W PRINCETON AVE Fresno, CA 93705 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,093.00
3.509	Nonpriority creditor's name and mailing address Pacific Coast Premium Finance 627 W. College Street Grapevine, TX 76051 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.510	Nonpriority creditor's name and mailing address Pacific Coast Truck Ins Svcs 18340 Yorba Linda Blvd Suite 107-454 Yorba Linda, CA 92886 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.511	Nonpriority creditor's name and mailing address PACO MORALES PEREZ DBA CHABELAS TRUCKING 2440 E IMPERIAL HWY Selma, CA 93662 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,375.00

Debtor Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.512	Nonpriority creditor's name and mailing address PAL GILL TRUCKING 2572 S Union Ave Bakersfield, CA 93313 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
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3.513	Nonpriority creditor's name and mailing address PAL GILL TRUCKING INC 2572 S UNION AVE Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,795.00
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3.514	Nonpriority creditor's name and mailing address PALMA TRUCKING LLC 525 FLINT AVE Wilmington, CA 90744 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,025.00
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3.515	Nonpriority creditor's name and mailing address PANNU CARGO INC 16900 Chatworth St Apt 102 Granada Hills, CA 91344 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,003.00
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3.516	Nonpriority creditor's name and mailing address Paracorp, Inc. dba Parasec PO Box 160568 Sacramento, CA 95816 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.517	Nonpriority creditor's name and mailing address PARAMJIT SINGH BARRING 5888 S CHERRY AVE Fresno, CA 93706 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,675.00
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3.518	Nonpriority creditor's name and mailing address PARMINDERJEET SINGH DBA J&J TR 1717 SHAFT ST Selma, CA 93662 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,475.00
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Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name _____			

3.519	Nonpriority creditor's name and mailing address PATIALA TRUCKLINE INC 5510 N MILBURN AVE APT 146 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,440.00
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3.520	Nonpriority creditor's name and mailing address PAUL XPRESS, INC 1568 N DILBERT AVE Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,885.00
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3.521	Nonpriority creditor's name and mailing address PAVEL DOROSHUK 9815 ANTELOPE ROAD Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,125.00
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3.522	Nonpriority creditor's name and mailing address Peck & Peck Insurance Brokers 1724 Laurel Street San Carlos, CA 94070 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.523	Nonpriority creditor's name and mailing address PELIA MULTANI TRANSPORT INC 3535S H STREET APT 51 Bakersfield, CA 93304 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,464.00
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3.524	Nonpriority creditor's name and mailing address PERFECT TRANSPORT LLC 1227 Stricker Ave #100 Sacramento, CA 95834 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.525	Nonpriority creditor's name and mailing address PETRO TOPOV 4147 SIERRA GOLD DRIVE Antelope, CA 95843 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.526	Nonpriority creditor's name and mailing address PLATINUM FREIGHT LINES, INC 1816 GOLDEN STATE AVE Bakersfield, CA 93301 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,218.00
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3.527	Nonpriority creditor's name and mailing address Platinum Premium Finance PO Box 66501 Saint Louis, MO 63166 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.528	Nonpriority creditor's name and mailing address PMSB SERVICES LLC 1716 BRIARCREST DRIVE SUITE 30 Bryan, TX 77802 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,373.00
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3.529	Nonpriority creditor's name and mailing address PMSB SERVICES LLC 1716 BRIARCREST DRIVE Bryan, TX 77802 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.530	Nonpriority creditor's name and mailing address POTATO EXPRESS, INC 1791 SCHULTE DRIVE San Jose, CA 95133 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,150.00
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3.531	Nonpriority creditor's name and mailing address POWAR TRANSPORT INC 2095 E SAINT ANDREW DRIVE Fresno, CA 93730 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,919.00
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3.532	Nonpriority creditor's name and mailing address POWER PROS HOT SHOT LLC 8742 HELMS AVE Rancho Cucamonga, CA 91730 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,795.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.533	Nonpriority creditor's name and mailing address PRAB KIRPA 8700 ANTELOPE NORTH ROAD Antelope, CA 95843 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,742.00
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3.534	Nonpriority creditor's name and mailing address PRABHNOOR TRUCKING INC 2739 W PRINCETON AVE Fresno, CA 93705 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,879.00
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3.535	Nonpriority creditor's name and mailing address Preferred Transportation Ins. 12443 Lewis Street #102 Garden Grove, CA 92840 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.536	Nonpriority creditor's name and mailing address Premco Financial Corp P Box 19367 Kalamazoo, MI 49019 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.537	Nonpriority creditor's name and mailing address Premier Express 11461 Bartlett Way Fontana, CA 92337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,718.00
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3.538	Nonpriority creditor's name and mailing address Prestige Insurance Group Inc 12750 SW 128th St. #210 Memphis, TN 38186 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.539	Nonpriority creditor's name and mailing address Prime Time Insurance Services 651 K Avenue Plano, TX 75074 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.540	Nonpriority creditor's name and mailing address PRIME TRUCKLINES 15603 LUCILLE CT Canyon Country, CA 91387 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,450.00
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3.541	Nonpriority creditor's name and mailing address PRIORITY LOGISTICS INC 3640 W NIELSEN AVE Fresno, CA 93706 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,550.00
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3.542	Nonpriority creditor's name and mailing address PRK TRANS INC 6105 W CLINTON AVE Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,025.00
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3.543	Nonpriority creditor's name and mailing address Promaster dba Discovery Pro Insurance 5050 Shatto Place #201 Los Angeles, CA 90020 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.544	Nonpriority creditor's name and mailing address Prominent Services Inc. 6912 NW 72 Avenue Miami, FL 33166 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.545	Nonpriority creditor's name and mailing address Proper Trucking Inc 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,025.00
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3.546	Nonpriority creditor's name and mailing address PTL TRANSPORTATION 8840 GLACIER POINT DRIVE Stockton, CA 95212 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,793.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.547	Nonpriority creditor's name and mailing address QANAT RASUL 24831 SOLVANG LANE Menifee, CA 92584 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,200.00
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3.548	Nonpriority creditor's name and mailing address QUSAI SAAD ALBALAWI 140 EAST EL NORTE PKY 52 Sacramento, CA 95833 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,850.00
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3.549	Nonpriority creditor's name and mailing address R & R TRUCK LINES LLC DBA R & R TRUCK LINES 34755 SANDBURG CT Union City, CA 94587 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,245.00
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3.550	Nonpriority creditor's name and mailing address R BROTHERS TRANS INC 6753 W ALLUVIAL AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,082.00
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3.551	Nonpriority creditor's name and mailing address R&B TRUCKLINES INC 4236 HWY 99 Stockton, CA 95215 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,050.00
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3.552	Nonpriority creditor's name and mailing address R13 TRANSPORT INC 6701 E PITT AVE Fresno, CA 93727 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,425.00
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3.553	Nonpriority creditor's name and mailing address R7 TRUCKING LLC 70 EQUESTRIAN DRIVE Burlington, NJ 08016 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,889.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.554	Nonpriority creditor's name and mailing address RAIYA TRANSPORT INC 3661 W SHEILDS AVE APT 194 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,885.00
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3.555	Nonpriority creditor's name and mailing address RAJ KUMAR DBA KAMBOZ TRUCKING 5777 E ALTA AVE APT 216 Fresno, CA 93727 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,425.00
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3.556	Nonpriority creditor's name and mailing address RAJINDER SINGH DHAMI DBA DHAMI 3716 COLUMBIA STREET Selma, CA 93662 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,964.00
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3.557	Nonpriority creditor's name and mailing address RAJPURA TRANSPORTATION INC 15740 SHERMAN WAY APT 207 Van Nuys, CA 91406 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,275.00
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3.558	Nonpriority creditor's name and mailing address Ram Commercial Ins. Svcs. 15 West 5th St. Morgan Hill, CA 95037 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.559	Nonpriority creditor's name and mailing address Ramirez Insurane Services 600 E. Market St. #105 Salinas, CA 93905 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.560	Nonpriority creditor's name and mailing address RANA CARRIER INC 2735 MOSSY CREEK STREET Rowland Heights, CA 91748 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,725.00
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Debtor	Altamont Insurance Group, LLC Name _____	Case number (if known) _____
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3.561	Nonpriority creditor's name and mailing address RANJIT SINGH DBA SINGH TRUCKIN 600 HOSKING AVE #71B Bakersfield, CA 93307 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,348.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.562	Nonpriority creditor's name and mailing address RANPINE TROKIN INC 531 FLINT AVE Wilmington, CA 90744 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,875.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.563	Nonpriority creditor's name and mailing address RAPID AUTOS LLC 4225 W. Capital Ave West Sacramento, CA 95691 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,950.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.564	Nonpriority creditor's name and mailing address Rapid Insurance Services Inc 2319 North San Fernando Blvd. Burbank, CA 91504 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.565	Nonpriority creditor's name and mailing address RATHI TRANSPORT INC 1446 E SUMNER AVE Fowler, CA 93625 Date(s) debt was incurred <u>9021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.566	Nonpriority creditor's name and mailing address RATHONE TRUCKING INC 4417 N BRAWLEY AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,475.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.567	Nonpriority creditor's name and mailing address RAVI KANT SINGH BHULLAR DBA B & N CARRIERS 8113 SLIDER DR Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,930.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Altamont Insurance Group, LLC Name		Case number (if known)
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3.568	Nonpriority creditor's name and mailing address Red Dog Underwriting LLC 4952 East Tudor Rose Glen Stockton, CA 95212 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.569	Nonpriority creditor's name and mailing address Reindeer Insurance Services 14037 Pioneer Blvd Norwalk, CA 90650 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.570	Nonpriority creditor's name and mailing address RELATION INSURANCE SERVICES 70 EQUESTRIAN DRIVE Bethlehem, PA 18016 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,880.00
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3.571	Nonpriority creditor's name and mailing address RENEGADE LOGISTICS, INC 11475 PENROSE ST Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,650.00
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3.572	Nonpriority creditor's name and mailing address RG TRUCKLINES INC 2832 GOLDEN STATE BLVD Madera, CA 93637 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,223.00
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3.573	Nonpriority creditor's name and mailing address RICARDO RODRIGUEZ DBA JR&J TRUCKING Woodland, CA 95776 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,650.00
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3.574	Nonpriority creditor's name and mailing address River Valley Capital Insurance 14868 West Ridge Lane #200 Dubuque, IA 52003 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.575	Nonpriority creditor's name and mailing address RJ7 TRANS INC 1931 W SUNNYVIEW AVE Visalia, CA 93291 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,584.00
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3.576	Nonpriority creditor's name and mailing address ROAD 66 TRUCKING INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.577	Nonpriority creditor's name and mailing address ROAD CROWN INC 3506 W NIELSEN AVE Fresno, CA 93706 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,938.00
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3.578	Nonpriority creditor's name and mailing address Road Guard Insurance Svc 1110 S. Glendale Avenue, #F Glendale, CA 91205 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.579	Nonpriority creditor's name and mailing address Road Star Insurance Service 10716 East Avenue R Little Rock, CA 93543 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.580	Nonpriority creditor's name and mailing address ROAD VISION EXPRESS INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,125.00
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3.581	Nonpriority creditor's name and mailing address ROADLINK CARRIER 32665 BRENDA WAY APT 4 Union City, CA 94587 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,488.00
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC Name 3.582 Nonpriority creditor's name and mailing address Roadways Commercial Ins. Svcs 3941 Holly Drive Tracy, CA 95304 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.583 Nonpriority creditor's name and mailing address Roanoke Insurance Group Inc 35079 Eagle Way Chicago, IL 60678 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.584 Nonpriority creditor's name and mailing address ROBERT ALLEN GREGORY DBA NO PROBLEM MOVIERS Campbell, CA 95008 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,125.00
3.585 Nonpriority creditor's name and mailing address ROCK 10 3525 ISLAND AVE #D San Diego, CA 92102 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$16,462.00
3.586 Nonpriority creditor's name and mailing address Rodriguez Insurance Agency LLC 901 Waterfall way #301 Richardson, TX 75080 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.587 Nonpriority creditor's name and mailing address ROYAL KING TRUCK LINE INC 3661 W SHEILDS AVE APT 247 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,420.00
3.588 Nonpriority creditor's name and mailing address Royalty Truck Insuranc Svcs 14545 Victory Blvd #3072 Woodland Hills, CA 91367 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.589	Nonpriority creditor's name and mailing address S SIDHU FREIGHT INC 3390 Country Village Rd #2117 Riverside, CA 92509 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,328.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.590	Nonpriority creditor's name and mailing address S&T TRUCKLINES INC 1207 7TH STREET Modesto, CA 95354 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,375.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.591	Nonpriority creditor's name and mailing address S&Z TRANSPORTATION INC 10681 PRODUCTION AVE Alhambra, CA 91801 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,265.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.592	Nonpriority creditor's name and mailing address Safeline Truck Insurance 2009 W. Burbank Blvd Burbank, CA 91506 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.593	Nonpriority creditor's name and mailing address SAHIB TRUCK LINE INC 4768 W BURLINGAME AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,820.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.594	Nonpriority creditor's name and mailing address SAHOTA CARGO INC 6722 JERNO DR STE A Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,225.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.595	Nonpriority creditor's name and mailing address SAMRATH TRUCKING INC 2787 S WILLOW VE Fresno, CA 93725 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,925.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Altamont Insurance Group, LLC	Case number (if known)	
3.596	Nonpriority creditor's name and mailing address SANDHU BROS 2323 N OXNARD BLVD Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,230.00
3.597	Nonpriority creditor's name and mailing address Sandhu Bros Ins. Agency Inc. 4337 No. Golden State Blvd. Suite #104 Fresno, CA 93722 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.598	Nonpriority creditor's name and mailing address SANGHA ROADKING INC 4375 N GOLDEN STATE BLVD Fresno, CA 93722 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,764.00
3.599	Nonpriority creditor's name and mailing address SAPPHIRE CARGO INC 1709 S WILLOW AVE Rialto, CA 92376 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
3.600	Nonpriority creditor's name and mailing address SATBIR SINGH BRAR DBA PRITAM R 445 S ARGYLE AVE APT 226 Mendota, CA 93640 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,777.00
3.601	Nonpriority creditor's name and mailing address SATNAM SINGH DBA NAGRA TRANSP 5249 N CORNELIA AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,385.00
3.602	Nonpriority creditor's name and mailing address SERVERIANO PUENTE HERNANDEZ 9108 SUNLAND BLVD Sun Valley, CA 91353 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00

Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name _____			

3.603	Nonpriority creditor's name and mailing address SESTIAGIA GONZALEZ TRANSPORT L 1720 W 25TH DRIVE Glendale, CA 91201 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,333.00</u>
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3.604	Nonpriority creditor's name and mailing address SEVEN STAR CARGO INC 4594 W PALO ALTO AVE APT 103 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,508.00</u>
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3.605	Nonpriority creditor's name and mailing address SGK EXPRESS, INC 8900 ELDER CREEK ROAD Sacramento, CA 95828 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,500.00</u>
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3.606	Nonpriority creditor's name and mailing address SHAMINDER PAL SINGH DBA CAT C 4453 N BRENT AVE Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
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3.607	Nonpriority creditor's name and mailing address SHANG YUN TRADING INC 1801 HIGHLAND AVE Duarte, CA 91010 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,450.00</u>
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3.608	Nonpriority creditor's name and mailing address SHERAZ BAIG 10105 TIZIANO DR Stockton, CA 95212 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,595.00</u>
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3.609	Nonpriority creditor's name and mailing address SIERRA CARGO, INC 3626 N BLYTHE AVE APT 214 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,191.00</u>
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.610 Nonpriority creditor's name and mailing address SILVERLINE TEAM,LLC 4900 CALIFORNIA AVE 210 B Bakersfield, CA 93309 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,350.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.611 Nonpriority creditor's name and mailing address SIMAR TRANSPORT INC 3715 W BARSTOW AVE APT 139 Fresno, CA 93711 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,270.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.612 Nonpriority creditor's name and mailing address Singh Best Insurance Agency 944 West 6th Street #113 Corona, CA 92882 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.613 Nonpriority creditor's name and mailing address SINGH LAND CARRIER 877 E D STREET Lemoore, CA 93245 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,955.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.614 Nonpriority creditor's name and mailing address Skar Insurance Group LLC 1000 3-Mile Road NW #G Marietta, GA 30064 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.615 Nonpriority creditor's name and mailing address Snapee Corp 13039 Garriss Ave Granada Hills, CA 91344 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,675.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.616 Nonpriority creditor's name and mailing address SODHI SINGH KAUR 3640 W NIELSEN AVE Fresno, CA 93706 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,780.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.617 Nonpriority creditor's name and mailing address SOGI TRANSPORT CORPORATION DBA 42633 NICKELINE LANE Chantilly, VA 20152 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,295.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.618 Nonpriority creditor's name and mailing address SOHAL EXPRESS INC 3632 CORAZON AVENUE Clovis, CA 93619 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.619 Nonpriority creditor's name and mailing address Southern Truck Ins Svcs Inc PO Box 1368 Monroe, NC 28111 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.620 Nonpriority creditor's name and mailing address SPS TRANSPORT INC 1601 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,680.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.621 Nonpriority creditor's name and mailing address SRAN LOGISTICS, INC 11401 GREENSTONE AVE Santa Fe Springs, CA 90670 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,125.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.622 Nonpriority creditor's name and mailing address SRD EXPRESS INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,075.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.623 Nonpriority creditor's name and mailing address SRG TRANSPORT INC 15825 ROXFORD ST Bakersfield, CA 93313 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,703.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name			

3.624	Nonpriority creditor's name and mailing address SSB XPRESS, INC 1848 ST IVES AVE Long Barn, CA 95335 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt 5723</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,723.00
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3.625	Nonpriority creditor's name and mailing address Standard Premium Finance PO Box 522941 Miami, FL 33152 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.626	Nonpriority creditor's name and mailing address State Comptroller PO Box 149356 Austin, TX 78714 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.627	Nonpriority creditor's name and mailing address State Controllers Office 300 Capitol Mall #1600 Sacramento, CA 95814 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,320.00
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3.628	Nonpriority creditor's name and mailing address State Farm Insurance Insurance Support Center PO Box 680001 Dallas, TX 75368 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.629	Nonpriority creditor's name and mailing address State of California Enforcmnt Div 50561, MC 9999 PO Box 12030 Austin, TX 78711 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.630	Nonpriority creditor's name and mailing address Stonemark, Inc. 8501 Wade Blvd #620 Frisco, TX 75034 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,206.50
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Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.631 Nonpriority creditor's name and mailing address Stoneroad Insurance Brokerage 6829 Lanershim Blvd North Hollywood, CA 91605 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.632 Nonpriority creditor's name and mailing address Stratton, Wright & Ziemer Insurance & Rish Mgt, Inc. 4587 FM 67 Grandview, TX 76050 Date(s) debt was incurred <u>92882</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.633 Nonpriority creditor's name and mailing address Strong Tie Insurance Services 8135 Florence Ave #201 Downey, CA 90240 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.634 Nonpriority creditor's name and mailing address SUKCHAIN SINGH DBA DTC LOGISTI 1320 BURTON ROAD Manteca, CA 95337 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,590.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.635 Nonpriority creditor's name and mailing address SUKHDARSHAN SINGH BRAR DBA DB 5238 E GARRETT AVE Fresno, CA 93725 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,451.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.636 Nonpriority creditor's name and mailing address SUKHMINDER SINGH DBA GSR EXPRE 2901 REDINGTON AVE Clovis, CA 93619 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,085.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.637 Nonpriority creditor's name and mailing address SUKHWINDER SINGH AUJLA DBA NEW ERA TRANSPORT 1732 CLEVELAND ST Selma, CA 93662 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,375.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Altamont Insurance Group, LLC	Case number (if known)	
3.638	Nonpriority creditor's name and mailing address SUPER KOI LOGISTICS INC 1935 BATSON AVE APT 89 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
3.639	Nonpriority creditor's name and mailing address Sure Tec 2103 City West Blvd. #1300 Houston, TX 77042 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.640	Nonpriority creditor's name and mailing address SURETEC INSURANCE COMPANY 2103 CITY WEST BLVD. Houston, TX 77042 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.641	Nonpriority creditor's name and mailing address SURJEET SINGH DBA KAMBOJ EXPRE 155 S ARGYLE AVE APT 204 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,483.00
3.642	Nonpriority creditor's name and mailing address Surplus Line Assoc of Illinoi 222 S. Riverside Plaza #2220 Chicago, IL 60606 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.643	Nonpriority creditor's name and mailing address Surplus Lines Stamping Office 805 Las Cimas Pkwy #300 Austin, TX 78746 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.644	Nonpriority creditor's name and mailing address Susan Bremer 5410 Rainbow Lane Atwater, CA 95301 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.645 Nonpriority creditor's name and mailing address Synerprise Ins. Group LLC dba Rev Ins Div of Volaris Grp 3747 Foothill blvd. #D526 La Crescenta, CA 91214 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.646 Nonpriority creditor's name and mailing address T/H SERVICES INC Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.647 Nonpriority creditor's name and mailing address TAB Transport Inc 1436 W Washington Blvd Montebello, CA 90640 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,493.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.648 Nonpriority creditor's name and mailing address TAMBER EXPRESS INC DBA TJ EXPR 5480 BUCKWOOD WAY Sacramento, CA 95835 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,355.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.649 Nonpriority creditor's name and mailing address Tansrisk LLC PO Box 966 Troy, AL 36081 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.650 Nonpriority creditor's name and mailing address TARA TRUCKING INC 9005 STACEY CT Stockton, CA 95209 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,200.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.651 Nonpriority creditor's name and mailing address TARIKU KEBEDE 215 W MACARTHER BLVD APT 249 Oakland, CA 94611 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,900.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.652 Nonpriority creditor's name and mailing address TEAM JESUS TRUCKING, LLC 1803 KIMBERLY ROAD Amarillo, TX 79111 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,600.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.653 Nonpriority creditor's name and mailing address Ted J. Schultz Ins Agency 3014 N. Hayden Road #121 Scottsdale, AZ 85251 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.654 Nonpriority creditor's name and mailing address TESLA TRUCKING INC 5425 VISTA DEL MAR AVE Bakersfield, CA 93311 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,545.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.655 Nonpriority creditor's name and mailing address Texas Comp of Puplic Accounts 805 Las Cimas Pkwy #300 78746 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.656 Nonpriority creditor's name and mailing address Texas Dept of Insurance Enforcmnt Div 560851, AO 9999 PO Box 12939 Austin, TX 78711 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.657 Nonpriority creditor's name and mailing address Texas Dept of Insurance, Regist Division 50561, MC 9999 PO Box 12030 Austin, TX 78711 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.658 Nonpriority creditor's name and mailing address TGD TRUCKING INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,600.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.659	Nonpriority creditor's name and mailing address THAIRA TRANSPORT INC 2417 DUNN RD Hayward, CA 94545 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,490.00
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3.660	Nonpriority creditor's name and mailing address The Hays Group Inc. 80 South St. #700 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.661	Nonpriority creditor's name and mailing address The Hilb Grou of NC dba Charlotte Insurance 6400-B South Blvd Charlotte, NC 28217 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.662	Nonpriority creditor's name and mailing address The Licona Insurance Group 5927 Gateway Blvd. West #B El Paso, TX 79925 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.663	Nonpriority creditor's name and mailing address The Surplus Line Assoc of AZ 14747 N. Northsight Blvd Suite #111-449 Scottsdale, AZ 85260 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.664	Nonpriority creditor's name and mailing address The Surplus Line Assoc of CA 12667 Alcosta Blvd San Ramon, CA 94583 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.665	Nonpriority creditor's name and mailing address THIND TRANS INC 7102 DOWNING AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,538.00
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Debtor	Name	Case number (if known)
	Altamont Insurance Group, LLC	
3.666	Nonpriority creditor's name and mailing address THOMAS BAKER 1925 ENTERPRISE BLVD West Sacramento, CA 95691 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,060.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.667	Nonpriority creditor's name and mailing address THOMSONS LOGISTICS, INC 6808 W PARR AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,025.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.668	Nonpriority creditor's name and mailing address Timothy Staphanic 30985 Prestwick Avenu Hayward, CA 94544 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.669	Nonpriority creditor's name and mailing address TIRATH PAL SINGH DBA MATTU BRO 4317 N CRESTA AVE Fresno, CA 93723 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,673.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.670	Nonpriority creditor's name and mailing address TITAN TRANS LOGISTICS INC 1930 S ROCHESTER AVE ONTARIO, CA 92761 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.671	Nonpriority creditor's name and mailing address TIWANA & SONS TRUCKING INC 1125 TALARA DRIVE Livingston, CA 95334 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,794.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.672	Nonpriority creditor's name and mailing address Tiwana Insurance Solutions Inc dba Golden Land Transport Ins. 2459 Prescott Ave PO Box 662 Del Rey, CA 93616 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name _____			

3.673	Nonpriority creditor's name and mailing address TIWANA TRUCKING INC 26577 BANTA ROAD Tracy, CA 95304 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,212.00</u>
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3.674	Nonpriority creditor's name and mailing address Top Premium Finance PO Box 2277 Chatsworth, CA 91311 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$24,062.39</u>
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3.675	Nonpriority creditor's name and mailing address TOPWAY TRANSPORTATION LLC 13047 WATERLILY WAY Chino, CA 91710 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,050.00</u>
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3.676	Nonpriority creditor's name and mailing address Toste Insurance Services 1501 F Street Modesto, CA 95354 Date(s) debt was incurred <u>92882</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.677	Nonpriority creditor's name and mailing address TOTAL NATIONAL EXPRESS 710 E D STREET Wilmington, CA 90744 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,925.00</u>
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3.678	Nonpriority creditor's name and mailing address Trans Risk Insurance Services 660 N. Diamond Bar Blvd. #203 Diamond Bar, CA 91765 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.679	Nonpriority creditor's name and mailing address TRANSCORP 6569 N RIVERSIDE DR. SUITE 102 Fresno, CA 93722 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$89,400.00</u>
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Debtor Name	Altamont Insurance Group, LLC	Case number (if known)	
3.680	Nonpriority creditor's name and mailing address Transit Insurance Services Inc 1155 S. Milliken Avenue Ontario, CA 91761 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.681	Nonpriority creditor's name and mailing address Transportation Ins. Advisors 113 Bellagio Circle Sanford, FL 32771 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.682	Nonpriority creditor's name and mailing address Transwide Insurance Brokerage 3400 Inland Empire Blvd #120 Ontario, CA 91764 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.683	Nonpriority creditor's name and mailing address Triangle Transportation Agency PO Box 1189 Enid, OK 73702 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.30
3.684	Nonpriority creditor's name and mailing address TRU LAND EXPRESS LTC 3165 W SHIELDS AVE APT 267 Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,298.00
3.685	Nonpriority creditor's name and mailing address Truck Smart Insurance Services 420 S. Grand Avenue Covina, CA 91724 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.686	Nonpriority creditor's name and mailing address Trucking Specialistts LLC 3330 Southgate Court SW #172 Cedar Rapids, IA 52404 Date(s) debt was incurred <u>2018-2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name			

3.687	Nonpriority creditor's name and mailing address TS CARGO INC 4594 W PALO ALTO AVE APT 103 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,560.00</u>
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3.688	Nonpriority creditor's name and mailing address TSH TRUCKING INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,300.00</u>
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3.689	Nonpriority creditor's name and mailing address TURBO LOGISTICS 150 S GLENOAKS BLVD #8050 Burbank, CA 91502 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,400.00</u>
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3.690	Nonpriority creditor's name and mailing address U.S. Premium Finance PO Box 924647 Norcross, GA 30010 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.691	Nonpriority creditor's name and mailing address UNIFIED EXPRESS INC 3354 E AMERICAN AVE Fresno, CA 93727 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,800.00</u>
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3.692	Nonpriority creditor's name and mailing address UNITED CORE, INC 8455 SCHAEFER AVE Ontario, CA 91761 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,565.00</u>
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3.693	Nonpriority creditor's name and mailing address UNITED STAR INC 175 S LINCOLN AVE UNIT 123 Addison, IL 60101 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,888.00</u>
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Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name			

3.694	Nonpriority creditor's name and mailing address UPPAL FREIGHT 2955 OATES STREET West Sacramento, CA 95691 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,830.00
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3.695	Nonpriority creditor's name and mailing address US EAGLE TRANSPORT INC 250S CLOVIS AVE APT 136 Fresno, CA 93727 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,300.00
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3.696	Nonpriority creditor's name and mailing address US WEST TRUCKING INC 10825 S UNION AVE Bakersfield, CA 93307 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,438.00
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3.697	Nonpriority creditor's name and mailing address V4U TRANSPORT INC 3342 NORTH WEBBER AVE Fresno, CA 93722 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,785.00
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3.698	Nonpriority creditor's name and mailing address Valdez Insurance Agency Inc dba BMV Insurance Services 3342 N. Texas St. #A2 Fairfield, CA 94533 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.699	Nonpriority creditor's name and mailing address VALENTIN ALONSO CASTRO HERRER DBA C VASTRO TRANSPORT 822 MACKILHAFFY DRIVE Patterson, CA 95363 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,888.00
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3.700	Nonpriority creditor's name and mailing address VALENTIN CASTRO DBA V CASTRO 822 MACKILHAFFY DRIVE Patterson, CA 95363 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,356.00
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Debtor Name	Altamont Insurance Group, LLC	Case number (if known)	
3.701	Nonpriority creditor's name and mailing address Valiant General Ins Solutions 848 Clovis Avenue Clovis, CA 93612 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.702	Nonpriority creditor's name and mailing address VANESSA'S TRUCKING SERVICES, I 3462 HARRISON ST Riverside, CA 92503 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,798.00
3.703	Nonpriority creditor's name and mailing address VANTAGE INC 2201 FORESTLAKE DR Rancho Cordova, CA 95670 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.704	Nonpriority creditor's name and mailing address VAS EXPRESS, INC 11475 PENROSE ST Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,100.00
3.705	Nonpriority creditor's name and mailing address Venbrook Insurance Services 63250 Canoga Avenue 12th Floor Woodland Hills, CA 91367 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.706	Nonpriority creditor's name and mailing address Veracity Insurance Solutions 260 S. 2500 West #303 Pleasant Grove, UT 84062 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.707	Nonpriority creditor's name and mailing address Virginia Dept. of Taxation 1957 Westmoreland Street Richmond, VA 23230 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Name	Case number (if known)
Altamont Insurance Group, LLC	
3.708 Nonpriority creditor's name and mailing address VIRK AND SONS TRANSPORTATION I DBA dhv FREIGHTLINES 8442 24TH AVE Sacramento, CA 95826 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,400.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt 1400</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.709 Nonpriority creditor's name and mailing address VISTA TRANSPORT LLC 2300 W Sahara Ave Las Vegas, NV 89102 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.710 Nonpriority creditor's name and mailing address VL TRUCKING INC 11475 Penrose St. Sun Valley, CA 91352 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,200.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.711 Nonpriority creditor's name and mailing address Vortex Pro Insurance Services 17628 Chatsworth Street Granada Hills, CA 91344 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.712 Nonpriority creditor's name and mailing address W.I.S.E Underwriting Agency Sean Bradshaw 28 Lime Street Lonson, WX3M &HR Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.713 Nonpriority creditor's name and mailing address WALIA TRANSPORT INC 1651 W WHITMORE AVE Ceres, CA 95307 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,805.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.714 Nonpriority creditor's name and mailing address WAMENG SONS TRANSPORTATION, I 2301 W BELMONT AVE Fresno, CA 93728 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,899.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Altamont Insurance Group, LLC		Case number (if known) _____	
Name _____			

3.715	Nonpriority creditor's name and mailing address Warriner & Associates Ins. Inc 1111 Wilcrest Green #101 Houston, TX 77042 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.716	Nonpriority creditor's name and mailing address WARYAM TRUCKLINES, INC 1791 SCHULTE DRIVE San Jose, CA 95133 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,888.00
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3.717	Nonpriority creditor's name and mailing address WB TRUCKING INC 3750 W SAN JOSE APT 101 Fresno, CA 93711 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,358.00
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3.718	Nonpriority creditor's name and mailing address WEIGH TO GO TRANSPORT, INC 3129 MITCHELL ROAD Ceres, CA 95307 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
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3.719	Nonpriority creditor's name and mailing address WHITE HORSES TRUCKLINE INC 7203 NEW BOND CT Bakersfield, CA 93311 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,245.00
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3.720	Nonpriority creditor's name and mailing address Whiterock Insurance Agency LLC 221 N. Kansas Street #700 El Paso, TX 79901 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.721	Nonpriority creditor's name and mailing address Wilson, Elser, Moskowitz, Elderman & Dicker Acct. Rec. 150 East 42nd Street New York, NY 10017 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.722	Nonpriority creditor's name and mailing address Wylie Insurance Services LLC 1729 Tully Rd #6 Modesto, CA 95350 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.723	Nonpriority creditor's name and mailing address YAPAYAO TRUCKING INC 1856 N. BROADWAY AVE Stockton, CA 95205 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
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3.724	Nonpriority creditor's name and mailing address YASH TRUCKLINE INC 7091 W SAN BRUNO AVE Fresno, CA 93723 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,250.00
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3.725	Nonpriority creditor's name and mailing address YDKD INC 13461 12 St Chino, CA 91710 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00
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3.726	Nonpriority creditor's name and mailing address You Safety Insurance Svcs. 230 S. Garfield Avenue #202C Monterey Park, CA 91754 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.727	Nonpriority creditor's name and mailing address ZAMORA TRANSPORT LOGISTICS INC 2 STONY BROOK CIRCLE Salinas, CA 93906 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,678.00
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3.728	Nonpriority creditor's name and mailing address ZESHAN ALI KHAN 1835 GREENHEAD COURT Gridley, CA 95948 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,368.00
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Debtor	Altamont Insurance Group, LLC Name	Case number (if known)
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3.729	Nonpriority creditor's name and mailing address ZIRA TRANSPORT INC 66240 7TH STREET Desert Hot Springs, CA 92240 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,043.00
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3.730	Nonpriority creditor's name and mailing address ZIRA TRANSPORT INC 66240 7TH STREET Desert Hot Springs, CA 92240 Date(s) debt was incurred <u>2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,625.00
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3.731	Nonpriority creditor's name and mailing address Zoom Imaging Solutionss PO Box 846898 Los Angeles, CA 90084 Date(s) debt was incurred <u>2018-23</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.732	Nonpriority creditor's name and mailing address ZYP TRUCKING INC 2144 E JAMES AVE West Covina, CA 91791 Date(s) debt was incurred <u>2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,022.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Balance Partners LLC PO Box 2550 Huntington, NY 11743	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	IRA Frankel Prof Underwriting Group 5300 West Atlantic Ave #610 Delray Beach, FL 33484	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	LA West Insurance Services 11306 W. Ventura Blvd. Studio City, CA 91604	Line <u>3.394</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	Melissa DeKove 2710 Gateway Oaks Dr Ste 150N Sacramento, CA 95833	Line <u>3.640</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Debtor	Altamont Insurance Group, LLC	Case number (if known) _____
	Name	
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.5	State of California Controller PO Box 1918 Sacramento, CA 95812	Line <u>3.627</u> <input type="checkbox"/> Not listed. Explain _____
4.6	TransEleven Claims Mgrs. 700 Central Expressway S. #200 Allen, TX 75013	Line <u>3.80</u> <input type="checkbox"/> Not listed. Explain _____
4.7	Virgina Dept of Taxation PO Box 1777 Richmond, VA 23218	Line <u>3.707</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>12,098.20</u>
5b. +	\$ <u>8,466,678.62</u>
5c.	\$ <u>8,478,776.82</u>

Fill in this information to identify the case:

Debtor name Altamont Insurance Group, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **lease for Xerox copier lease and maintenance agreement; \$528.80 per month, 19 months remaining**

State the term remaining **19 months**

List the contract number of any government contract _____

**Inland Business Systems
1326 North Market Blvd.
Sacramento, CA 95834**

2.2. State what the contract or lease is for and the nature of the debtor's interest **telephone equipment lease**

State the term remaining **month to month**

List the contract number of any government contract _____

**Mitel
PO Box 53230
Phoenix, AZ 85072**

Fill in this information to identify the case:Debtor name Altamont Insurance Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Altamont Insurance Group, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From 1/01/2022 to 12/31/2022

Sources of revenue
Check all that apply

☐ Operating a business☒ Other insurance brokerage

Gross revenue
(before deductions and exclusions)

\$297,670.00

For year before that:
From 1/01/2021 to 12/31/2021

☐ Operating a business☒ Other insurance brokerage\$465,904.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue**

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value**

Reasons for payment or transfer
Check all that apply

Debtor **Altamont Insurance Group, LLC**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Debtor **Altamont Insurance Group, LLC**

Case number (if known)

Description of the property lost and how the loss occurred**Amount of payments received for the loss****Dates of loss****Value of property lost**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

fraud/theft/embezzlement by employee**2020-2023****\$1,030,142.00****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Jeffrey L. Brown
Brown & Farmer
7777 Alvarado Road #622
La Mesa, CA 91942****September
5, 2023****\$10,000.00****Email or website address
jlb@brownfarmerlaw.com****Who made the payment, if not debtor?
Alan Shetzer****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply**Address****Dates of occupancy
From-To****Part 8: Health Care Bankruptcies**

Debtor **Altamont Insurance Group, LLC**

Case number (if known) _____

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Does debtor still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do

Debtor **Altamont Insurance Group, LLC**

Case number (if known) _____

not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.**22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number			

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Altamont Insurance Group, LLC 14203 Caminito Vistana San Diego, CA 92130	insurance wholesale broker	Dates business existed EIN: 35-2551924 From-To May 8, 2018 to present

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Debtor **Altamont Insurance Group, LLC**

Case number (if known)

Name and address		Date of service From-To
26a.1.	Carolyn Rupp 4952 Tudor Rose Glenn Stockton, CA 95212	2018 to present
26a.2.	Number Runners 5927 Balfour Ct. #115 Carlsbad, CA 92008	2018-23

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Carolyn Rupp 4952 Tudor Rose Glenn Stockton, CA 95212	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	Carolyn Rupp 4952 Tudor Rose Glenn Stockton, CA 95212
26d.2.	Alan Shetzer 3830 Valley Centre Drive #705 PO Box 245 San Diego, CA 92130

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Alan Shetzer	3830 Valley Centre Drive #705 PO Box 245 San Diego, CA 92130	President	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor **Altamont Insurance Group, LLC**

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Carolyn Rupp 4952 Tudor Rose Glenn Stockton, CA 95212	\$41,467.00	2023	Withdrawal for service paid to Manager to herself for services.
	Relationship to debtor Bookkeeper/Manager			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 3, 2023****/s/ Alan Shetzer**

Signature of individual signing on behalf of the debtor

Alan Shetzer

Printed name

Position or relationship to debtor **President/Manager****Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of California

In re **Altamont Insurance Group, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	10,000.00
Prior to the filing of this statement I have received	\$	10,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 3, 2023

Date

/s/ Jeffrey L. Brown

Jeffrey L. Brown

Signature of Attorney

Attorney at Law

7777 Alvarado Road

Suite 622

La Mesa, CA 91942

(619) 461-6511 Fax: (619) 698-2957

Jlb@brownfarmerlaw.com

Name of law firm

Revised: 1/24/13

Name, Address, Telephone No. & I.D. No.

Jeffrey L. Brown
7777 Alvarado Road
Suite 622
La Mesa, CA 91942
(619) 461-6511
65321 CA

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West "F" Street, San Diego, California 92101-6991

In Re
Altamont Insurance Group, LLC

Tax I.D. / S.S. #: **35-2551024**

Debtor.

BANKRUPTCY NO.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
RIGHTS AND RESPONSIBILITIES OF CHAPTER 7 DEBTORS
AND THEIR ATTORNEY

In order for debtors and their attorneys to understand their rights and responsibilities in the bankruptcy process, the following terms of engagement are hereby agreed to by the parties.

Nothing in this agreement should be construed to excuse an attorney from any ethical duties or responsibilities under Federal Rule of Bankruptcy Procedure 9011 and the Local Bankruptcy Rules.

I.
Services Included in the Initial Fee Charged

The following are services that an attorney must provide as part of the initial fee charged for representation in a Chapter 7 case:

1. Meet with the debtor to review the debtor's assets, liabilities, income and expenses.
2. Analyze the debtor's financial situation, and render advice to the debtor in determining whether to file a petition in bankruptcy.
3. Describe the purpose, benefits, and costs of the Chapters the debtor may file, counsel the debtor regarding the advisability of filing either a Chapter 7, 11, or 13 case, and answer the debtor's questions.
4. Advise the debtor of the requirement to attend the Section 341(a) Meeting of Creditors, and instruct the debtor as to the date, time and place of the meeting.
5. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on vehicles securing loans or leases.

6. Timely prepare, file and serve, as required, the debtor's petition, schedules, Statement of Financial Affairs, and any necessary amendments to Schedule C.
7. Provide documents pursuant to the Trustee Guidelines and any other information requested by the Chapter 7 Trustee or the Office of the United State Trustee.
8. Provide an executed copy of the Rights and Responsibilities of Chapter 7 Debtors and their Attorneys to the debtor.
9. Appear and represent the debtor at the Section 341(a) Meeting of Creditors, and any continued meeting, except as further set out in Section II.
10. File the Certificate of Debtor Education if completed by the debtor and provided to the attorney before the case is closed.
11. Attorney shall have a continuing obligation to assist the debtor by returning telephone calls, answering questions and reviewing and sending correspondence.
12. Respond to and defend objections to claim(s) of exemption arising from attorney error(s) in Schedule C.

II.
Services Included as Part of Chapter 7 Representation,
Subject to an Additional Fee

The following are services, included as part of the representation of the debtor, but for which the attorney may charge additional fees.

1. Representation at any continued meeting of creditors due to client's failure to appear or failure to provide required documents or acceptable identification;
2. Amendments, except that no fee shall be charged for any amendment to Schedule C that may be required as a result of attorney error;
3. Opposing Motions for Relief from Stay;
4. Reaffirmation Agreements and hearings on Reaffirmation Agreements;
5. Redemption Motions and hearings on Redemption Motions;
6. Preparing, filing, or objecting to Proofs of Claims, when appropriate, and if applicable;
7. Representation in a Motion to Dismiss or Convert debtor's case;
8. Motions to Reinstate or Extend the Automatic Stay;
9. Negotiations with Chapter 7 Trustee in aid of resolving nonexempt asset, turnover or asset administration issues.

III. Additional Services Not Included in the Initial Fee Which Will Require a Separate Fee Agreement

The following services are not included as part of the representation in a Chapter 7 case, unless the attorney and debtor negotiate representation in these post-filing matters at mutually agreed upon terms in advance of any obligation of the attorney to render services. Unless a new fee agreement is negotiated between debtor and attorney, attorney will not be required to represent the debtor in these matters:

1. Defense of Complaint to Determine Non-Dischargeability of a Debt or filing Complaint to determine Dischargeability of Debt;
2. Defense of a Complaint objecting to discharge;
3. Objections to Claim of Exemption, except where an objection arises due to an error on Schedule C;
4. Sheriff levy releases;
5. Section 522(f) Lien Avoidance Motions;
6. Opposing a request for, or appearing at a 2004 examination;
7. All other Motions or Applications in the case, including to Buy, Sell, or Refinance Real or other Property;
8. Motions or other proceedings to enforce the automatic stay or discharge injunction;
9. Filing or responding to an appeal;
10. An audit of the debtor's case conducted by a contract auditor pursuant to 28 U.S.C. Section 586(f).

IV. Duties and Responsibilities of the Debtor

As the debtor filing for a Chapter 7 bankruptcy, you must:

1. Fully disclose everything you own, lease, or otherwise believe you have a right or interest in prior to filing the case;
2. List everyone to whom you owe money, including your friends, relatives or someone you want to repay after the bankruptcy is filed;
3. Provide accurate and complete financial information;
4. Provide all requested information and documentation in a timely manner, in accordance with the Chapter 7 Trustee Guidelines;
5. Cooperate and communicate with your attorney;

6. Discuss the objectives of the case with your attorney before you file;
7. Keep the attorney updated with any changes in contact information, including email address;
8. Keep the attorney updated on any and all collection activities by any creditor, including lawsuits, judgments, garnishments, levies and executions on debtor's property;
9. Keep the attorney updated on any changes in the household income and expenses;
10. Timely file all statutorily required tax returns;
11. Inform the attorney if there are any pending lawsuits or rights to pursue any lawsuits;
12. Appear at the Section 341(a) Meeting of Creditors, and any continued Meeting of Creditors;
13. Bring proof of social security number and government issued photo identification to the Section 341(a) Meeting of Creditors;
14. Provide date-of-filing bank statements to the attorney no later than 7 days after filing of your case;
15. Pay all required fees prior to the filing of the case;
16. Promptly pay all required fees in the event post filing fees are incurred;
17. Debtors must not direct, compel or demand their attorney to take a legal position or oppose a motion in violation of any Ethical Rule, any Rule of Professional Conduct, or Federal Rule that is not well grounded in fact or law.

Dated: **October 3, 2023**

/s/ Alan Shetzer

Alan Shetzer

Debtor

Dated: **October 3, 2023**

/s/ Jeffrey L. Brown

Jeffrey L. Brown

Attorney for Debtor(s)

CSD 1008 [08/21/00]

Name, Address, Telephone No. & I.D. No.

Jeffrey L. Brown
7777 Alvarado Road
Suite 622
La Mesa, CA 91942
(619) 461-6511
65321 CA

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West "F" Street, San Diego, California 92101-6991

In Re

Altamont Insurance Group, LLC

BANKRUPTCY NO.

Debtor.

VERIFICATION OF CREDITOR MATRIX

PART I (check and complete one):

- ☒ New petition filed. Creditor diskette required. TOTAL NO. OF CREDITORS: **739**
- ☐ Conversion filed on _____. *See instructions on reverse side.*
- ☐ Former Chapter 13 converting. Creditor diskette required. TOTAL NO. OF CREDITORS: ____
- ☐ Post-petition creditors added. Scannable matrix required.
- ☐ There are no post-petition creditors. No matrix required.
- ☐ Amendment or Balance of Schedules filed concurrently with this original scannable matrix affecting Schedule of Debts and/or Schedule of Equity Security Holders. *See instructions on reverse side.*
- ☐ Names and addresses are being ADDED.
- ☐ Names and addresses are being DELETED.
- ☐ Names and addresses are being CORRECTED.

PART II (check one):

- ☒ The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.
- ☐ The above-named Debtor(s) hereby verifies that there are no post-petition creditors affected by the filing of the conversion of this case and that the filing of a matrix is not required.

Date: **October 3, 2023**

/s/ Alan Shetzer

Alan Shetzer/President/Manager
Signer/Title

REFER TO INSTRUCTIONS ON REVERSE SIDE

CSD 1008

CSD 1008 (Page 2) [08/21/00]

INSTRUCTIONS

- 1) Full compliance with Special Requirements for Mailing Addresses (CSD 1007) is required.
- 2) A creditors matrix with Verification is required whenever the following occurs:
 - a) A new petition is filed. Diskette required.
 - b) A case is converted on or after SEPTEMBER 1, 2000. (See paragraph 4b concerning post-petition creditors.)
 - c) An amendment to a case on or after SEPTEMBER 1, 2000, which adds, deletes or changes creditor address information on the debtor's Schedule of Debts and/or Schedule of Equity Security Holders. Scannable matrix format required.
- 3) The scannable matrix must be originally typed or printed. It may not be a copy.
- 4) CONVERSIONS:
 - a) When converting a Chapter 13 case filed before SEPTEMBER 1, 2000, to another chapter, ALL creditors must be listed on the mailing matrix at the time of filing and accompanied by a Verification. Diskette required.
 - b) For Chapter 7, 11, or 12 cases converted on or after SEPTEMBER 1, 2000, only post-petition creditors need be listed on the mailing matrix. The matrix and Verification must be filed with the post-petition schedule of debts and/or schedule of equity security holders. If there are no post-petition creditors, only the verification form is required. Scannable matrix format required.
- 5) AMENDMENTS AND BALANCE OF SCHEDULES:
 - a) Scannable matrix format required.
 - b) The matrix with Verification is a document separate from the amended schedules and may not be used to substitute for any portion of the schedules. IT MUST BE SUBMITTED WITH THE AMENDMENT/BALANCE OF SCHEDULES.
 - c) Prepare a separate page for each type of change required: ADDED, DELETED, or CORRECTED. On the **REVERSE** side of each matrix page, indicate which category that particular page belongs in. Creditors falling in the same category should be placed on the same page in alphabetical order.
- 6) Please refer to CSD 1007 for additional information on how to avoid matrix-related problems.

1 TEEM TRANSPORTERS LLC
35124 Heiskell Dr
Raymond, CA 93653

1601 S UNION AVE
15504 STATE HIGHWAY 205
Terrell, TX 75160

1716 BRIARCREST DRIVE
27710 CASCABEL LANE
San Antonio, TX 78260

2 BEST LOADS INC
2542 AUGIBI WAY
Rancho Cordova, CA 95670

3 SONS LOGISTICS INC
9533 W JJ RANCH ROAD
Peoria, AZ 85383

48F TRANS INC
2345 W BELMONT AVE
Fresno, CA 93728

6442 WINDY ROAD
117811 HORACE STREET
Granada Hills, CA 91344

808 LOGISTICS LLC
2515 W SAN ANTONIO
Dallas, TX 75254

A & A TRUCKLINE INC
6247 E NORTH AVE
Fresno, CA 93725

A & C COMMERCE SERVICES LLC
245 E VALLEY BLVD
Rialto, CA 92376

A & M TRUCKING CO
726 W 6TH ST #3
Long Beach, CA 90802

A M J TRANSPORTATION LLC
17500 SACRAMENTO VALLEY BLVD
Robbins, CA 95676

A Star Truck Lines Inc
12000 Paxton St
Sylmar, CA 91342

A TO B AUTO TRANSPORT LLC
55 SPRINGSTOWNE CTR STE 116
Vallejo, CA 94591

A&A EXPEDITED
1015 S Maple Ave
Montebello, CA 90640

A&D TRANS INC
10831 ROYCROFT ST UNIT 48
Sun Valley, CA 91352

A&L Insurance Services
10005 Marconi Dr. #3
San Diego, CA 92154

A.M.I.S. Andy Manukyan Ins
1254 S. Glendale Ave.
Glendale, CA 91205

ABO TRUCKING INC
1862 KELLERTON DR
Hacienda Heights, CA 91745

Ace Commercial Ins. Center
200 S. Main Street, Suite 130
Corona, CA 92882

ACME AMERICA
2550 W UNION HILLS DRIVE
Mesa, AZ 85207

ACME AMERICAN INC
2662 NEVADA AVE
South El Monte, CA 91733

Across America Ins. Svcs Inc
41689 Enterprise Circle North
Suite 218
Temecula, CA 92590

AD HAULERS INC
3640 W NELSON AVE
Fresno, CA 93706

ADVANCE LOGISTICS, INC
1324 N. KNOX AVE
El Paso, TX 79917

AEC TRUCKING, LLC
10230 LOS ALTOS DR
Hesperia, CA 92344

Aether Insurance Services
2029 West Midwood Lane
Anaheim, CA 92804

Agile Premium Finance
475 Half Day Rd. #550
Lincolnshire, IL 60069

AIB Financial Services, Inc.
PO Box 66501
Saint Louis, MO 63166

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Merced, CA 95348

AKAAL PURAKH TRANS INC
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Merced, CA 95348

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ALFONSO MONARREZ
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Bloomington, CA 92316

ALI EXPRESS, INC
2132 MONTAUBAN CT
Stockton, CA 95210

All Solutions Insurance
A+B24:L24 Agency LLC
22364 Alessandro Blvd
Moreno Valley, CA 92553

ALL STAR TRUCKING
3150 N WEBER AVE
Fresno, CA 93722

Alpha Freight Lines
14398 Whittram Ave
Fontana, CA 92335

AMA United Transport Svcs LLC
325 Old San Antnio Rd.
Mc Queeney, TX 78123

AMANDEEP SINGH
DBA VIP EXPRESS
3771 N CORNELIA AVE
Fresno, CA 93722

AMANDEEP SINGH KHAIRA DBA KHAI
5389 N VALENTINE AVE APT 111
Fresno, CA 93711

AMARJIT SINGH DBA SAM TRANSPOR
16234 MAGNOLIA WAY
Fontana, CA 92336

AMDJ Logistics Inc
11475 Penrose St.
Sun Valley, CA 91352

American Continental Ins. Svcs
11501 Dublin Blvd #200
Pleasanton, CA 94588

AMERICAN STAR INTERMODAL INC
341 E MONTE VIST AVE APT 70
Turlock, CA 95382

AMERICAN STAR LLC
5370 GUIDE MERIIAN RD
Bellingham, WA 98226

AMERICAN TRANSPORT LOS ANGELES
1202 E ANAHEIM ST
Wilmington, CA 90744

AMK Insurance, Inc.
6855 Via Del Oro
San Jose, CA 95119

AMM EXPRESS INC
6059 Bradshaw Rd
Sacramento, CA 95829

AMNA TRUCKING INC
14801 SLOVER AVE
Fontana, CA 92337

AMRIK EXPRESS, LLC
283 TWIN RIVERS DRIVE
Yuba City, CA 95991

AMS TRANSPORT INC
11475 Penrose St.
Sun Valley, CA 91352

Ananik Grigoryan dba DSSY Truc
6315 San Fernanado Rd
Glendale, CA 91205

ANDREAS TRANSPORT LLC
10686 BANANA AVE
Fontana, CA 92335

ANGELA GONZALEZ CLEMENTE
DBA GREEN PALMS GROWERS
82560 AIRPORT BLVD
Thermal, CA 92274

Ank Transportation, Inc.
1301 Richland Avenue #1
Modesto, CA 95351

ANURAJ LLC
5355 W PINE AVE
Fresno, CA 93722

APS CARRIER INC
425 SUNDANCE ST
Livingston, CA 95334

ARACELI'S TRUCKING INC
21136 S WILMINGTON AVE
Carson, CA 90745

ARDASS TRUCKING. INC
3598 MACADAMIA LANE
Ceres, CA 95307

ARMAN KARAPETYAN
DBA: URARTU TRUCKING
11475 Penrose St.
Sun Valley, CA 91352

ARMATA LINES INC
11475 Penrose St.
Sun Valley, CA 91352

ART-ACT LOGISTICS, LLC
9831 STIBEHURST AVE
Sun Valley, CA 91352

ARY LOGISTIC SYSTEM INC
2747 LINCOLN AVE
Clovis, CA 93611

ASD TRUCKING INC
4648 TAYLOR COURT
Turlock, CA 95382

ASEES TRANSPORT INC
3626 N BLYTHE AVE APRT 212
Fresno, CA 93722

Aspen American Ins. Co
175 Capital Blvd. #300
Rocky Hill, CT 06067

AST EXPRESS INC
5350 N BRAWLEY AVE APT 124
Fresno, CA 93722

Atlanta Premier Ins Agency
12 Powder Springs Street #270
Marietta, GA 30064

ATLANTIC RISK
6827 MELODY LANE APT 2724
Dallas, TX 75231

ATLANTIC RISK
1716 BRIARCREST DR SUITE 300
Bryan, TX 77802

Atlantis Insurance Brokerage
639 Channel Street #H
San Pedro, CA 90731

ATM CHAP SERVICES LLC
9114 BUNGALOW WAY
Madison, AL 35758

ATMA SANDHU DBA HPA TRUCKING
6077 E CORTLAND AVE
Fresno, CA 93727

ATS TRANSPORT INC
600 N MARKS AVE
Fresno, CA 93728

ATWAL TRANS LLC
7177 W DOVEWOOD LANE
Fresno, CA 93723

Avalon Risk Management
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Avian Premium Finance
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Burbank, CA 91510

AWESOM TRANSPORTATION, LLC
3342 NORTH WEBBER AVE
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Axis Insruance Svcs. LLC
795 Franklin Avenue #206
Franklin Lakes, NJ 07417

B D S TRANSPORT INC
2301 W BELMONT AVE
Fresno, CA 93728

BAAZ FREIGHT INC
3007 E ROSE AVE
Selma, CA 93662

BABA MUNSHI TRANS INC
4688 W AMHERST AVE
93722

BABA NANAK TRANSPORT INC
3661 W SHIELDS AVE APT 271
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BACK ROAD EXPRESS INC
12000 PAXTON STREET
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BACK ROAD EXPRESS INC
13027 VICTORY BLVD #141
North Hollywood, CA 91606

BAJWA & SONS TRANSPORT INC
11191 VALLEJO ST
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BAJWA CALI TRANSPORT INC
3692 MASSIMO CIRCLE`
Stockton, CA 95212

BALA JI TRANSPORT INC
4760 E BUTLER AVE #102
Fresno, CA 93702

Balance Partners LLC
PO Box 2550
Huntington, NY 11743

BALJEET HEER
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West Sacramento, CA 95691

BALJIT HEER
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Bakersfield, CA 93307

Bankdirect Capital Finance
PO Box 660448
Dallas, TX 75266

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695 W SANTA ANA AVE APT 204
Markleeville, CA 96120

Barragan Insurance Agency
1132 Suncast Lane #8
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139 LEBARON BLVD
Lodi, CA 95240

BBS TRANSPORT INC
3661 W SHEILDS AVE APT 118
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BDS TRUCKING INC
2427 W YOSEMITE AVE
Manteca, CA 95337

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6291 W NORWICH AVE
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Sugar Land, TX 77479

BERRIER INSURANCE
9114 BUNGALOW WAY
Elk Grove, CA 95758

Best and Low Cost Ins Agency
2169 buena Vista Drive
Manteca, CA 95337

BEST LOADS INC
135 S BELMONT ST APT 1
Glendale, CA 91205

BGAL 1, LLC
3830 Valley Centre Road
San Diego, CA 92130

BHANGU BROTHERS TRANSPORT INC
7464 E SIMPSON AVE
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BHANGU LOGISTICS, INC
20500 HOLLY DR
Fontana, CA 92335

BIA Insurance Agency
18653 Ventura Blvd #402
Tarzana, CA 91356

BIC, Berkley Fire & Marine
PO Box152180
Irving, TX 75015

Bico Insurance Services
2024 West 3rd Street
Los Angeles, CA 90057

BIG BYRD TRANSPORTATION INC
3100 BEACHWOOD DR
Merced, CA 95348

BLACK BULL CARRIER, INC
3602 W SAN JOSE AVE APT 215
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BLING SINGH TRANSPORT INC
24040 POSTAL AVE
Moreno Valley, CA 92556

BLUEMOON CARRIERS INC
18400 MALDEN UJNIT 3
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BMJ TRANS INC
25631 LEWIS WAY
Stevenson Ranch, CA 91381

BND TRANS CORP
15-05 CHANDLER DRIVE
Fair Lawn, NJ 07410

Bob Logistic Inc
15810 Boyle Ave
Fontana, CA 92337

BOBCAT EXPRESS INC
6738 N SANDRINI AVE
Fresno, CA 93722

BOPARI BROTHERS TRUCKING INC
11616 HARLAN RD
Lathrop, CA 95330

Border Insurance Services
2004 Dairy Mart Rd #114
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Bossa Nova Insurance Svcs
10468-A San Pablo Ave
El Cerrito, CA 94530

BRAULIO GARCIA VASQUEZ DBA FI
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956 PONT DU GARD CT
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Bruce Roberts Insurance Svcs
10907 Downey Abvenue #101
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BTI TRUCK LINES INC
435 WINTON PKWY
Livingston, CA 95334

BTL FREIGHT INC
500 MESA CT
Tracy, CA 95377

Bulldog Premium
6971 Sunrise Blvd #206
Fort Lauderdale, FL 33313

C & A UNITED XPRESS, INC
2707 PARADISE POINT PL
Bakersfield, CA 93313

CA 99 EXPRESS INC
7902 E BELMONT AVE
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CALDWELL ENTERPRISE LLC
1444 FULTON ST
Fresno, CA 93721

CALI DRAYAGE LLC
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California Dept of Insurane
300 Capital Mall #14000
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CAN TRANSPORT INC
303 LINCOLN RD
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10808 6TH ST SUITE 14
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Palatine, IL 60094

Chase Bank
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11205 CEDAR AVE
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Checkers Truck Insurance Inc
784 N. Waterman Ave.
San Bernardino, CA 92410

CHEEMA FGS INC
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Chester Franklin
dba Ogden & SONS TRANSPORTATIO
Glendale, CA 91205

Chesterfield Group
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Mincing Lane
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CHP TECH INC
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CK TRUCKING, INC
1949 OSBORN AVE
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CKR TRANSPORT INC
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Classic Plan Premium Finance
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Brea, CA 92821

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800 N. Zaragosa Rd. #N
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CONVOY TRUCKING AUTHORITY LLC
2250 TIDELANDS AVE
National City, CA 91950

COOL TRUCKING INC
14587 VALLEY BLVD
Fontana, CA 92335

CTL TRANS INC
1761 NEW HORIZONS DR APT #1
Manteca, CA 95336

Custom Insurance Agency
6107 Jovic Court
La Grange, IL 60525

Cypress Premium Funding
PO Box 3529
Mission Viejo, CA 92690

D & S ENTERPRISES, LLC
23090 TOKAYANA WAY
Colfax, CA 95713

D&A LOGISTICS LLC
27406 N HIGUERA DRIVE
Peoria, AZ 85383

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1116 LOUISE AVE
Torrance, CA 90503

Daljit Singh dba AK Trucking
2010 Batson Ave #264
Rowland Heights, CA 91748

DANIEL URQUIDEZ
DBA URQUIDEZ SON TRUCKING
20226 N H ST
Oxnard, CA 93036

Dark Insurance Agency Inc
PO Box 506
Alexander City, AL 35010

DASHMESH FREIGHT LINE LLC
1644 ROUNDHOUSE STREET
Tulare, CA 93274

DCEE TRANZ
1108 VILLA AVE APT 122A
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5249 N COMELIA AVE
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Delta Premium Financing Inc
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Saint Louis, MO 63166

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Derenik Tosunyan dba Superson
30821 East The Old Road
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3241 INDUSTRIAL DRIVE
Yuba City, CA 95993

DHAMI BROTHERS INC
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DHANJU TRUCK LINE INC DBA: DTL
221 SPRINGFIELD DR
Manteca, CA 95337

DHESI FREIGHTLINES, INC
2828 EL CENTRO ROAD
Sacramento, CA 95833

Dillon Risk Management
B31:L31 Insuranc Services Inc
4180 Douglas Blvd #100
Granite Bay, CA 95746

Direct Deal Insurance
11803 Pierce Street #200
Riverside, CA 92505

DISPATCH CENTRAL INC
6752 DE MOSS DRIVE APT 217
Houston, TX 77074

DJD TRUCKING INC
7614 IRON HORSE PL

Dodge Insurance
dba Arroyo Insurance Service
225 E. Santya Clara St. #130
Arcadia, CA 91006

Don Rose Logistics Inc
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Glendale, CA 91205

DON ROSE LOGISTICS, INC
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Sun Valley, CA 91352

Doyle & Ogden Insurance
3330 Broadmoor Ave. SE #E
Grand Rapids, MI 49512

DREAMLAND TRUCKING INC
3310 BEACHWOOD
Merced, CA 95348

DS SANDHU TRANS
8312 LIBBY CT
Bakersfield, CA 93313

DS SANDHU TRANS
1206 TORI LANE
Yuba City, CA 95993

DSD EXPRESS INC
1712 GINGKO AVE
Modesto, CA 95354

DSG EXPRESS INC
575 MATMOR RD APT 30
Woodland, CA 95776

DSK TRUCKING INC
2120 S UNION AVE
Bakersfield, CA 93307

E & R TRANSPORTATION, INC
DBA E & R TRUCKING
Mendota, CA 93640

E&E TRUCKING INC
3303 W Magnolia Blvd
Burbank, CA 91505

EARTH BUSES, LLC
6442 WINDY ROAD
Las Vegas, NV 89119

Earthtrade Inc
3424 3rd St
Riverside, CA 92501

EASY LIVING
6685 QUINCE ROAD
Memphis, TN 38125

Easy Truck Insurance Svcs Inc.
7635 Clement Road
Vacaville, CA 95688

EDGAR GARCIA
DBA: LM & SONS TRUCKING
13600 NAPA ST
Fontana, CA 92336

EDMONDS XPRESS TRUCKING
24950 S MAIN STREET
Carson, CA 90745

EK LOGISTICS INC
1565 SEKIO AVE
Rowland Heights, CA 91748

ELIZA EXPRESS INC
13115 Oxnard St Apt 11
Van Nuys, CA 91401

ELT TRANSPORTATION, LLC
9351 JACKSON RD
Sacramento, CA 95826

Empire Transport Ins Svcs.
21500 Burbank Blvd. Unit 114
Woodland Hills, CA 91367

ENIO ROJAS DBA: SONS OF ROJAS
6400 VALLEY VIEW
Buena Park, CA 90620

ERIC ALAN JOHNSTON II
DBA ENE TRUCKING
24701 ARTHUR ROAD
Escalon, CA 95320

ERIC TIMMOTHY ALFRED
DBA WEST COAST FREIGHTLINES
501 TAYLOR STREET APT 24
Bakersfield, CA 93309

Essessay Insurance Services
PO Box 3279
Danville, CA 94526

EXCLUSIVE TRUCKING INC
1004 WEST COVINA PKWY UNIT 217
West Covina, CA 91790

Executive Insruance Agency
PO Box 480
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EXTRA HAUL EXPRESS
1235 OSWALD RD
Yuba City, CA 95991

F G F TRUCKING 2 LLC
2039 QUAIL PLACE DRIVE
Missouri City, TX 77489

FAST & SAFE TRANSPORT
12000 PAXTON STREET
Sylmar, CA 91342

FASTRACK FREIGHT INC
4193 FLATROCK DRIVE #200
Riverside, CA 92505

Fidelity Truck & Auto Ins
115 N. Vineyard Avenue #200
Ontario, CA 91764

Fino Services LLC
6193 Hwy Blvd.
Katy, TX 77494

FIROZ THIND DBA MMA TRUCKING
5431 E PARLIER AVE
Fowler, CA 93625

FIRST EAGLE TRUCKING
11475 Penrose St.
Sun Valley, CA 91352

First Insurance Funding
PO Box 7000
Carol Stream, IL 60197

First Mid Bank
Elan Financial Services
PO Box 790408
Saint Louis, MO 63179

FIVE STAR DELIVERY SERVICES LL
1630 SANTA MONICA ST
San Antonio, TX 78201

FLEET MATCH, INC
11475 Penrose St.
Sun Valley, CA 91352

Fortis Insurance Brokers
1212 S. Bristol Street #11
Santa Ana, CA 92704

Franchise Tax Board
PO Box 942867
Sacramento, CA 94267

FRANCIS DOLORES GONZALEZ
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14320 SLOVER AVE
Fontana, CA 92337

FRIENDLY & SAFE TRANSPORT LLC
1716 BRIARCREST DRIVE
Bryan, TX 77802

Fundamental Underwriters
28791 Network Place
Chicago, IL 60673

FUTURE MEDICAL TRANSPORTATION,
6442 WINDY ROAD
Las Vegas, NV 89119

G & E TRUCKING, INC
9017 STATEN ISLAND DRIVE
Bakersfield, CA 93311

G.M. Lawrence Brokerage
7746 Lorraine Ave #214
Stockton, CA 95210

GA TRANSPORTATION INC
15825 ROXFORD ST
Sylmar, CA 91342

GAGAN XPRESS INC
2572 S UNION AVE
Fresno, CA 93703

Gain Insurance Agency
1502 Cypress Avenue
Los Angeles, CA 90062

GALVAN AND SONS TRANSPORT LLC
11234 DUBLIN TRACE
Dallas, TX 75254

GAMERZ LOGISTICS INC
1820 PENNEBAKER WAY APT 202
Manteca, CA 95336

GAYLE'S TRANSPORTATION COMPANY
14416 SLOVER AVE
Fontana, CA 92337

Gazelle Logistics Inc
8261 Schaeffer Ave
Ontario, CA 91761

GBC Insurance Solutions Inc
110 East 9th St, Suite A-1126
Los Angeles, CA 90079

General Agents Acceptance Corp
PO Box 1177
Lake Forest, CA 92609

GERMAN TRUCKING INC
4129 MERCER DRIVE
Modesto, CA 95356

GGs TRUCKING INC
3150 N WEBER AVE
Fresno, CA 93722

GHALIB TRUCKING INC
1513 ALAMO DRIVE APT 21
Vacaville, CA 95687

Ghasem Nikjoo
dba Pacific Caravan Trucking
dba Pacific Cara
Irvine, CA 92614

GID TRANSPORT EXPRESS INC
5170 Steve Ave
Riverside, CA 92509

GILSON XPRESS INC
1030 COTTONWOOD RD
Bakersfield, CA 93307

GIVDJ Valley Ins. Agency LLC
2350 W. Shaw Avenue #150
Fresno, CA 93711

Givesurance Ins Survives LLC
21900 Burbank Blvd.
3rd Floor
Woodland Hills, CA 91367

GLEN SAGASTUME GARCIA
14928 SLOVER ST
Fontana, CA 92337

Glendale Best Insurance Svc
1236 S. Glendale Ave #A
Glendale, CA 91205

GLG, Inc.
6332 S. Rainbow Blvd #100
Las Vegas, NV 89118

GLOBAL STAR TRANS INC
3500 DATA DRIVE APT 262
Rancho Cordova, CA 95670

GNTTC, INC
19610 SERMAN WAY UNIT 1
Reseda, CA 91335

Go To Premium Finance
PO Box 4312
Woodland Hills, CA 91365

GOLD CARRIERS, INC
5620 DISTRICK BLVD APT 1089331
Bakersfield, CA 93313

GOLDEN HAWK TRANSPORTATION INC
3400 E ROSE ST
Compton, CA 90221

Golden Pro Insurance Svcs, Inc
28048 Bouquest Canyon Road
Suite #2
Santa Clarita, CA 91350

Gomez Insurance Agency
3651 Mitchell Rd #D
Ceres, CA 95307

GOMEZ TRANSPORTATION, LLC
25208 MC COY AVE
Harbor City, CA 90710

GR CARRIER, INC
2955 OATES STREET
West Sacramento, CA 95691

Grandeza Ins Brokerage, Inc.
17791 Exa Court
Carson, CA 90746

Granite Premium Finance Inc
PO Box 66501
Saint Louis, MO 63166

GREGORY MAGEE II
6327 MELODY LANE APT 2724
Dallas, TX 75231

GREWAL FREIGHTWAY INC
3612 W SAN JOSE AVE APT 213
Fresno, CA 93711

GULCHUCKS TRANSPORTATION SERVI
2201 FOREST LAKE DRIVE
95670

GURCHARANJIT SINGH
DBA: SANGER BROS
4231 E CLAYTON AVE
Fresno, CA 93725

GURMINDER SINGH
1700 N Tully Rd Apt E238
Turlock, CA 95380

Gurnam Singh dba: NS Transport
2301 W BELMONT AVE
Fresno, CA 93728

Gurnam Transport, Inc
2396 South Golden Gate Blvd
Fowler, CA 93625

GURPINDER SINGH
DBA SAMRA TRUCK LINE
Delhi, CA 95315

GURPREET SINGH
DBA JAKARA TRAN
1916 WOODLAND DRIVE
Yuba City, CA 95991

GURPREET SINGH
DBA BAAZ TRUCK LINE
1740 REILLY ROAD
Merced, CA 95341

GURPREET SINGH DBA LIVE TRUCKI
3032 N VAHE AVE
Fresno, CA 93737

GURPREET SINGH DBA RED TRANSP
6082 N DELBERT AVE
Fresno, CA 93722

GURPREET SINGH PADDA
DBA BLUE HORSE TRANSPORT
Fresno, CA 93711

GURSEWAK S GILL
3469 W BENJAMIN HOLT DR #497
Stockton, CA 95219

H LOMELI TRUCKING LLC
2093 FOOTHILL AVE
San Bernardino, CA 92410

H2B LOGISTICS LLC
1204 SUMMER LANE
McKinney, TX 75071

HANJIE TRUCKING
7737 MEADOWCREST CT
Rancho Cucamonga, CA 91730

HAR EXPRESS INC
7003 N SHIRAZ AVE
Fresno, CA 93722

HAR TRANSPORT INC
14447 FIRESTONE BLVD
La Mirada, CA 90638

HARBINDER SINGH DHALIWAL DBA D
9245 STEPHENS ST
Delhi, CA 95315

HARDEEP SINGH DBA CALI RYDAZ T
762 SUGAR PINE DRIVE
Lathrop, CA 95330

HARDIP SINGH DBA HARRY TRUCKIN
1849 NELSON BLVD APT 144
Selma, CA 93662

HARJINDER SINGH
2190 N SCHNOOR ST #124
Madera, CA 93637

HARJOT SINGH MAAN
DBA SMS TRANSPORT
6838 W FALLON AVE
Nashville, TN 37220

HARMAN TRUCK LINE INC
7529 REESE RD
Sacramento, CA 95828

HARMANDEEP SINGH KHANGURA DBA
DBA PARAM TRUCKING
2306 AMANECER AVE
Clovis, CA 93619

HARMINDER SINGH DBA DTC
3111 S CHESTNUT AVE
Fresno, CA 93725

HARNOOR TRANSPORT INC
1545 JODI DRIVE
Yuba City, CA 95993

HAROLD R CHANDRA
3594 CRISSWELL DRIVE
Elk Grove, CA 95624

HARPREET SINGH VIRK DBA VIRK T
4408 TRUXEL RD APT 38
Sacramento, CA 95834

HARRY SUN TRUCKING LLC
5545 N MADELYN AVE
Fresno, CA 93723

HARWINDER SINGH
4501 MARPLE CREST STREET
Sacramento, CA 95834

HAUL LOGISTICS
4951 W JACQUELYN AVE
Fresno, CA 93722

Haul Master Carriers LLC
33200 Rd 212
Woodlake, CA 93286

Heffernan Insurance Brokers
1350 Carlback Avenue
Walnut Creek, CA 94596

HIGHWAY FREIGHT INC
1220 S CLOVER AVE
Fresno, CA 93727

Hilltop Specialty Insurance Co
Hudson Insurance Group
100 William Street 5th Floor
New York, NY 10038

HNI Risk Services LLC
16805 West Cleveland Ave
New Berlin, WI 53151

HONEY BEE, Inc
2207 E CARSON ST
Long Beach, CA 90810

HOWE TRANSPORT LLC
1140 CEDAR AVE
Bloomington, CA 92316

HPH TRANSPORTATION INC
9250 TUJUNGA AVE
Sun Valley, CA 91352

HSD CARRIER INC
4402 RIO VIEJO DRIVE
Bakersfield, CA 93313

HSK CARRIERS INC
15543 Castellion Rd
Fontana, CA 92337

Hub International Midwest Ltd
PO Box 158
Evansville, IN 47701

HUDSONBYRD TRUCKING LLC
525 HIGHWAY 4 E
Ashland, MS 38603

HUMBERTO ELIZALDE
1558 N ST
Newman, CA 95360

HUMBLE FREIGHT CARRIER INC
4225 W CAPTIOL AVE
Clovis, CA 93611

HUNDAL BROS EXPRESS INC
10865 WALNUT DRIVE
Fontana, CA 92335

HUSKY GROUP INC
11414 PENROSE AVE
Sun Valley, CA 91352

HUSKY GROUP INC
11434 PENROSE ST
Sun Valley, CA 91352

I Truck Road LLC
291 Del Amo Fashion Ct #13114
Torrance, CA 90503

IAHORIA TRANS INC
1596 ALICIA WAY
Sacramento, CA 95835

IBROKHIM KAYUMOV
1408 48TH AVE
San Francisco, CA 94122

ICELAND EXPRESS INC
3661 W SHIELDS AVE APT 156
Fresno, CA 93722

IHAR ZVERAU
DBA CD MOVING & TRANSPORTATION
11475 Penrose St.
Sun Valley, CA 91352

Inatellelect Insurance Solutions
417 West Arden Ave #121A
Glendale, CA 91203

Inland Business Systems
PO Box 843760
Los Angeles, CA 90084

Inland Business Systems
1326 North Market Blvd.
Sacramento, CA 95834

Insurance Finance Company LLC
PO Box 315
Des Moines, IA 50306

Insuremart, Inc.
265 S. Rainbow Blvd #310
Las Vegas, NV 89146

Integrity Network Ins Group
1315 Grand Ave Pkwy#101
Pflugerville, TX 78660

Inter Red Insurance Svcs
9765 Marconi Drive #105
San Diego, CA 92154

Inzone Insurance Services
fka G.M. Lawrence Ins. Broker
776 Lorraine Avenue #214
Stockton, CA 95210

IPFS
PO Box 412086
Kansas City, MO 64105

IRA Frankel
Prof Underwriting Group
5300 West Atlantic Ave #610
Delray Beach, FL 33484

ITZEL BIBIANO DBA M AND I TRAN
1820 HARTMAN ROAD
Livermore, CA 94551

Ivan Marquez Agency
801 15th Street #A
Burbank, CA 91506

J & D TRANS, INC
1816 GOLDEN STATE AVE
\,
Bakersfield, CA 93301

J & J TRUCKLINES INC
1002 FRONTAGE RD
Ripon, CA 95366

J C LOGISTICS LLC
8631 LIVE OAK
Fontana, CA 92335

J&S Insurance Agency
18709 116th Avenue East
Puyallup, WA 98374

JACKPOT EXPRESS INC
600 HOSKING AVE APT 540
Bakersfield, CA 93307

Jagdeep Singh Ins Agency, Inc.
4185 West Figarden Dr. #101
Fresno, CA 93722

JAGDISH SINGH SRAN DBA APV TRA
7601 SUNRISE BLVD SUITE 5
New York, NY 10095

JAGDISH SINGH SRAN DBA APV TRA
3175 SANKEY ROAD
Pleasant Grove, CA 95668

JAGJEET SINGH DBA: FAST EXPRE
3965 W SHIELD AVE #23
Fresno, CA 93722

JAN CARRIER, INC
701 ROOSTER DRIVE
Bakersfield, CA 93307

JARET PYE
DBA BILL PYE TRUCKING LLC
4602 S BUDLONG AVE
Los Angeles, CA 90037

JARNAIL SINGH
DBA ON TIME TRUCKING
1301 RICHLAND AVE APT 141
Modesto, CA 95351

JARNAIL SINGH DHALI WAL
DBA DHALI WAL TRUCKING
600 HOSKING AVE APT 7D
Bakersfield, CA 93307

JASVINDER SINGH DBA NS TRANSP
6651 W KADOTA AVE
Fresno, CA 93723

JASVIR KAUR DBA JAGAT TRANSPOR
5187 W CARMEN AVE
Fresno, CA 93722

JASWINDER KAUR
DBA GOLDEN STATE TRUCKING
1187 N WILLOW AVE STE 103 #814
Clovis, CA 93611

JATINDER SINGH DBA DHAILWAL
888 BETHEL AVE APT 130
Sanger, CA 93657

JATINDERPAL SINGH GARCHA
DBA GARCHA EXPRESS
3880 MOUNTAIN VIEW ROAD,
Turlock, CA 95382

Javier Chavez Agency LLC
14531 Kentley Orchard Lane
Cypress, TX 77429

Javier Insruance Services
12116 Garfield Avenue
South Gate, CA 90280

Jawanda Express Inc
1595 Solistra CIR
Colton, CA 92324

JBSN TRANSPORT INC
5414 E LAURITE AVE
Fresno, CA 93727

JD SUKH EXPRESS
8700 ANTELOPE NORTH RD
Antelope, CA 95843

Jesus Emmanuel Hernandez Meza
dba J&M Transport
46155 DILLON ROAD
Sylmar, CA 91342

JHAND CARRIER, INC
5301 N VALENTINE AVE APT 157

JNB LOGISTICS INC
15627 W BOTELHO AVE
Kerman, CA 93630

JOGA SINGH DBA SGS TRANS INC
3075 W NIELSON AVE
Fresno, CA 93722

Jones Trucking Ins. Agency Inc
10100 Saddlecreek Road
Waco, TX 76708

JONPAL SINGH
2572 S UNION ROAD
Bakersfield, CA 93307

Jordan A. Bremer
2530 P Street
Merced, CA 95340

JOSE LUIS VASQUEZ
2538 S UNION AVE
Bakersfield, CA 93307

JS SINGH
4375 N GOLDEN STATE BLVD
Fresno, CA 93722

JS SINGH
4460 W SHAW AVE PMB 379
Fresno, CA 93722

JS SINGH
6103 SHINING SUNSET DRIVE
Sparks, NV 89436

JTC Insurance Agency
17800 Castleton Street
Rowland Heights, CA 91748

JUAN A VELAZQUEZ
DBA JAM TRUCK
1109 KLEEMAN WAY
Arbuckle, CA 95912

JUAN AMERICANO HERNANDEZ
DBA j&a TRUCKING
2850 LOOMIS RD
Stockton, CA 95205

JUAN LUNA CASTELLANOS
11392 SKY COUNTRY DRIVE
Mira Loma, CA 91752

JUAN MANUEL AMEZCUA
14201 COSTAJO RD
Bakersfield, CA 93313

JUJHAR SINGH DBA BINDRA EXPRES
4101 E NORTH AVE
Fresno, CA 93725

JULIO CESAR CORTEZ
9317 Bandera St
Los Angeles, CA 90002

Julio Orellana Prieto
dba OP&J Trucking
14320 Soldedad Canyon
Canyon Country, CA 91387

K JOT TRUCKING INC
2881 E JENSON AVE
Fresno, CA 93706

K&P Transportation LLC
1565 Sekio Ave
Rowland Heights, CA 91748

KANGAROOFREIGHT LINES INC
DBA KFL INC.
9881 ELDER CREEK RD
Sacramento, CA 95829

KANWALJIT SINGH
10322 W LINNE RD
Tracy, CA 95376

KATERIN K KHACHIKYAN DBA WHITE

KAUFMAMNNS LLC
241 W. Rialto Ave Unit 805
Baker, CA 92309

KAWALJIT SINGH BAJWA
11756 ROSE WIND CT
Rancho Cordova, CA 95742

KAZZANOS TRUCKING INC
652 E 12TH STREET
Los Angeles, CA 90023

KD TRANSIT INC
3565 W BARSTOW AVE APT 217
Fresno, CA 93711

Kemper CPA Group LLP
3031 W. March Lane #133 South
Stockton, CA 95219

KEVIN LOUIS HARRIS
DBA HARRIS FAMILY TRUCKING
20030 CRESTVIEW DRIVER 134
Canyon Country, CA 91351

KEVIN POOLER DBA: POOLER TRUCK
4236 SO HIGHWAY 99
Stockton, CA 95215

KEVINDEEP SINGH BRAR DBA: CALI
4231 N BAIN AVE
Fresno, CA 93722

Khachik Sahakyan dba GS 12
11475 Penrose St.
Sun Valley, CA 91352

KHATTRA CARGO INC
5118 BLUE BROOK DRIVE
Bakersfield, CA 93313

KHUSHWANT SINGH
596 ANNA DRIVE
Yuba City, CA 95993

KHUSHWANT SINGH
2730 W PRINCETON AVE
Fresno, CA 93705

Kingpin Insurance Services
30545 Union City Blvd.
Union City, CA 94587

KKR TRANSPORTATION, INC
4259 W CAMBRIDGE AVE
Fresno, CA 93722

KNIGHTAEH INC
144 N CEDAR ST
Glendale, CA 91206

KRS LOGISTICS, INC
KRS LOGISTICS, INC
Fresno, CA 93723

KS KHALSA TRANSPORT INC
6221 W SAN JOSE AVE
Fresno, CA 93723

KULWINDER SINGH DBA KS GILL
404 S WAVERLY LANE APT 117
Fresno, CA 93727

Kunkel & Associates, Inc.
401 Data Court
Dubuque, IA 52003

L&J CARGO INC
14111 Soledad Canyon Rd
Canyon Country, CA 91387

LA West Insurance Services
5177 W. Sunset Blvd
Los Angeles, CA 90027

LA West Insurance Services
11306 W. Ventura Blvd.
Studio City, CA 91604

LAKHWINDER SINGH GILL DBA GHL
6251E AMERICAN AVE

Lancashire Insurance Company
20 Fenchurch Street
London , EC3M 3BY

LANCER TRANSPORT LLC
10961 LARCH AVE
Riverside, CA 92516

LAZO TRANSPORTATION INC
9441 OPAL AVE
Mentone, CA 92359

Leap Carpenter Kemp Insurance
3187 Collins Drive
Merced, CA 95348

Licensing Professionals
PO Box 566
Lynden, WA 98264

LINK FREIGHT LINE INC
20 W COLLEGE PKW APT 154 M
Carson City, NV 89706

Links Insurance Services
6200 Village Parkway #203
Dublin, CA 94568

LITTLE MAN MOVING SERVICES, LL
3761 N 298TH DRIVE
Buckeye, AZ 85396

LKW TRANSPORTATION
82560 AIRPORT BLVD
Sylmar, CA 91342

LLX GROUP INC
8595 MILLIKEN AVE
Temple City, CA 91780

LONDON EXPRESS, INC
3400 EAST 8 MILE
Fresno, CA 93722

LONNIE DUANE HICKEY
DBA RENEGADE LOGISTICS
108 S LONGHORN DR
Weatherford, TX 76085

LPL TRANSPORT INC
519 4TH ST PMB 118
Clovis, CA 93612

LU WAY TRANSPORTATION, LLC
6956 DUBLIN DR
Chino, CA 91710

Lubemer International Ins
11859 Inglewood Avenue
Hawthorne, CA 90250

Lubin-Bergman Organization
5 Revere Drive #370
Northbrook, IL 60062

Lucila's Insurance Services
12116 Garfield Avenue
South Gate, CA 90280

LVL, LLC
DBA STARDUST TRANSPORTATION
DBA STARDUST TRANSPOR
Las Vegas, NV 89103

Lxtus Insurance Services
848 Clovis Avenue
Clovis, CA 93612

M AND I TRANSPORT
898 HERMAN AVE APT 109
Livermore, CA 94551

M G S TRUCKING
1200 ACACIA AVE
Sutter, CA 95982

MAA LOGISTICS INC
2572 S UNION RD
Fresno, CA 93703

MACHINERY TRANSPORT LLC
3397 HWY 259S
Henderson, TX 75653

MAGMATUS, LLC
1133 JUSTIN AVE #214
Glendale, CA 91201

MAHI LOGISTICS INC
6752 VINELAND RD
Bakersfield, CA 93307

MAJ TRUCKING LLC
13500 MARLAY AVE
Fontana, CA 92337

MAJHA EXPRESS INC
1346 EAST TAYLOR STREET
San Jose, CA 95133

MALWA HAULIER INC
400 GANDY DANCER DR
Tracy, CA 95377

MAND LOGISTICS INC
3602 W SAN JOSE AVE APT 140
Fresno, CA 93722

MANJINDER SINGH DBA MANAK TRAN
555 S ARGYLE AVE APT 122
Fresno, CA 93727

MANJIT SINGH
DBA LOVEJOT TRANSPORT
19758 SANTA ANA AVE
Bloomington, CA 92316

MANPREET SINGH DBA M & M CARGO
6428 GREEN GARDEN DR
Bakersfield, CA 93313

MANUEL SALVADOR RODRIGUEZ
DBA SALS TRANSPORTATION
195 98TH AVE
Oakland, CA 94603

MARCO A RICO DBA IMPERIAL FREI
2712 MEADOWBRROK DR
Imperial, CA 92251

MARCOS A GONZALEZ CERROS DBA M
1590 11TH ST
Mendota, CA 93640

Marquee Insurance Group LLC
1000 Holcomb Woods Pkwy #315A
Roswell, GA 30076

Marshall-Sutton & Associates
1209 N.Saginaw Blvd #G-251
Fort Worth, TX 76179

MARTIN & DANIE MORALES
DBA MORALES TRUCKING
11405 DOWNEY AVE
Downey, CA 90241

MARVIN ANTONIO DIAZ MENDOZA
DBA AM TRANSPORT
31901 SAN VICENTE RD
San Diego, CA 92121

MASSEYS TRANS INC
15794 Boyle Ave
Fontana, CA 92334

Matthew Hernandez
5410 Rainbow Lane
Atwater, CA 95301

MBT TRANSPORT INC
3139S H STREET APT 20
Robbins, CA 95676

MBT TRANSPORT INC
3139S H STREET APT 20
Bakersfield, CA 93304

McFARLAND LOGISTICS INC
8701 US 395
Hesperia, CA 92344

McGuire Transport LLC
9445 BELLEGRAVE AVE
Baker, CA 92309

McMillan Insurance Group
Division of World Ins. Assoc
656 Shrewsbury Avenue #200
Red Bank, NJ 07701

McMillan Insurance Group
5608 Malvey Ave #119
Fort Worth, TX 76107

MDM TRANS, INC
11475 Penrose St.
Sun Valley, CA 91352

Melissa DeKove
2710 Gateway Oaks Dr Ste 150N
Sacramento, CA 95833

Metro Express International LL
6531 Rhodes Ave
North Hollywood, CA 91606

MHOOPER TRANSPORTATION LLC
3525 ISLAND AVE #D
San Diego, CA 92102

MIA EXPRESS LLC
27441 N BLACK CANYON HWY UNIT
Stockton, CA 95205

MIA EXPRESS LLC
27441 N BLACK CNYN HWY #T 107
Phoenix, AZ 85085

Michael Hasan, CPA
5927 Balfour Court 115
Carlsbad, CA 92008

Michael Kennedy Ins Agency
2295 Fletcher Parkway #100
El Cajon, CA 92020

Mickey and Sons Inc
11475 Penrose St.
Sun Valley, CA 91352

Millennium Finance Corp
PO Box 66501
Saint Louis, MO 63166

Mitel
PO Box 53230
Phoenix, AZ 85072

MK TRUCKLINES INC
1405 S POST ROAD
Indianapolis, IN 46239

MKS TRANS INC
2264 N MARKS AVE APT 234
Fresno, CA 93722

MMH Transport LLC
4162 Mission BLVD
Montclair, CA 91763

MNATSAKAN MIKE GRIGORYAN
11475 Penrose St.
Sun Valley, CA 91352

MOHAMMAD BOOTA SHAHBAZ
DBA MAHER BROTHER
3645 EL DORADO ST
Stockton, CA 95206

Mohammad Ilkhani
dba Mozafari Trucking
115 S Wildwood Ave
Glendora, CA 91741

MOHAN SINGH DBA A&A TRUCK LINE
2375 INDUSTRIAL ROWE
Turlock, CA 95380

MOHI TRUCKING INC
6204 STINE RD APT C
Bakersfield, CA 93313

MPG TRANSPORTATION LLC
1030 COTTONWOOD ROAD
Bakersfield, CA 93307

MSD TRANSPORTATION, LLC
9508 185TH STREET CT
PUYALLUP, WA 98735

MST INS SVCS INC
5249 N CORNELIA AVE
CA 92722

MST Insurance Services, Inc.
2672 Amtchi Court
Tracy, CA 95304

MT ON TIME, INC
11620 PEORIA ST
Sun Valley, CA 91352

MTA Transport Inc
5140 W Ramsey St
Banning, CA 92220

MTG Insurance
106 East 12th Street
Benton, KY 42025

MUHAMMAD ALI
11582 QUARTZ DR
95602
Auburn, CA 95602

MUKHPAL SINGH
DBA MUKHPAL FREIGHT CARRIERS
2436 STAGECOACH RD
Stockton, CA 95215

MULTANI TRUCKING INC
4801 TULLY RD
Modesto, CA 95356

Mustang Enterprise
8474 Coyote Trail
Hesperia, CA 92344

MV Destiny Insurance
5629 N. Figarden Dr. #111
Fresno, CA 93722

MVP LOGISTICS, LLC
4325 E GUASTI ROAD
Ontario, CA 91761

MY NORTH ARROW, INC
185 CAJON BLVD
San Bernardino, CA 92407

N & NB TRUCKING INC
2572 S UNION AVE
Bakersfield, CA 93307

N S K FREIGHTLINES INC
619 EMERALD PLACE
Manteca, CA 95336

NARWAL BROTHERS, INC
4449 N BRAWLEY AVE
Fresno, CA 93722

NATAN TRUCKING LLC
9221 AMBERTON PARKWAY #140
Dallas, TX 75243

National Insurance Agency
7120 Minstrel Way #205
Columbia, MD 21045

NAVJOT SINGH DBA GURNAV TRANSP
3661 W SHIELDS AVE
Fresno, CA 93722

NETWORK
24701 ARTHUR ROAD
Escalon, CA 95320

Network Truck Ins Svcs, Inc.
120 Main Street
Roseville, CA 95678

NEW ERA LOGISTICS INC
11475 Penrose St.
Sun Valley, CA 91352

New Ray Insurance Brokers
780 West Grand Ave #C
Oakland, CA 94612

NEW RENAISSANCE ENTERPRISE, IN
11475 Penrose St.
Sun Valley, CA 91352

Newfront Insurance Svc Inc
101 2nd Street #525
San Francisco, CA 94105

NEXT LEVEL LOGISTICS, INC
1108 E PALMER AVE APT 19
Glendale, CA 91205

NIJJAR BROTHERS INC
2733 W PRINCETON AVE
Fresno, CA 93705

NIRMAL SINGH AUJLA DBA SSA TRU
2733 PRINCETON AVE
Meadow Vista, CA 95722

Noble West Insurance
205 Natoma Street
Folsom, CA 95630

NORTH TRANS, INC
10322 W LINNE RD
Tracy, CA 95376

NORTHERN VALLEY TRUCKING INC
1651 E WHITMORE AVE
Ceres, CA 95307

NOW TRANSPORTATION, LLC
5330 WHEATON ST
La Mesa, CA 91942

NW TRANSPORTATION, LLC
5327 S RIMPAU BLVD
Los Angeles, CA 90043

OBAN TRANSPORTATION, INC
11475 PENROSE ST
Sun Valley, CA 91352

Old Kentucky Insurance Inc
915 Lily Creek Road
Blakenbaker Office Park
Louisville, KY 40243

On the Road Insurance Services
16225 Devonshire Street
Granada Hills, CA 91344

On Time Freight, Inc.
1607 DUSTY MILLER LANE
Ceres, CA 95307

ONKAR FREIGHT INC
3640 W NIELSEN AVE
Fresno, CA 93706

ONKAR TRANSPORT INC
3150 N. WEBER AVE
Fresno, CA 93722

ORBIT TRNSPORT INC
8215 Beech Ave
Fontana, CA 92335

ORE LOGISTICS, LLC
6149 E BRICK DRIVE
Fresno, CA 93727

ORFILIA E LOPEZ DE OCHOA
DBA: KILL TRANSPORT
8589 ETIWANDA AVE
Rancho Cucamonga, CA 91739

ORNELAS TRANSPORT COMPANY
430 N SACRAMENTO ST
Lodi, CA 95240

OSP LOGISTICS INC
5925 MOONWOOD WAY
Bakersfield, CA 93313

Ovia Insurance Services
1809 Banks Road
Pompano Beach, FL 33063

OVSANNA KARAPETIAN DBA XTRA RO
10865 WALNUT DRIVE
Sunland, CA 91040

P GAT TRUCKING INC
2733 W PRINCETON AVE
Fresno, CA 93705

Pacific Coast Premium Finance
627 W. College Street
Grapevine, TX 76051

Pacific Coast Truck Ins Svcs
18340 Yorba Linda Blvd
Suite 107-454
Yorba Linda, CA 92886

PACO MORALES PEREZ
DBA CHABELAS TRUCKING
2440 E IMPERIAL HWY
Selma, CA 93662

PAL GILL TRUCKING
2572 S Union Ave
Bakersfield, CA 93313

PAL GILL TRUCKING INC
2572 S UNION AVE
Bakersfield, CA 93313

PALMA TRUCKING LLC
525 FLINT AVE
Wilmington, CA 90744

PANNU CARGO INC
16900 Chatworth St Apt 102
Granada Hills, CA 91344

Paracorp, Inc.
dba Parasec
PO Box 160568
Sacramento, CA 95816

PARAMJIT SINGH BARRING
5888 S CHERRY AVE
Fresno, CA 93706

PARMINDERJEET SINGH DBA J&J TR
1717 SHAFT ST
Selma, CA 93662

PATIALA TRUCKLINE INC
5510 N MILBURN AVE APT 146
Fresno, CA 93722

PAUL XPRESS, INC
1568 N DILBERT AVE
Fresno, CA 93722

PAVEL DOROSHUK
9815 ANTELOPE ROAD
Fresno, CA 93722

Peck & Peck Insurance Brokers
1724 Laurel Street
San Carlos, CA 94070

PELIA MULTANI TRANSPORT INC
3535S H STREET APT 51
Bakersfield, CA 93304

PERFECT TRANSPORT LLC
1227 Stricker Ave #100
Sacramento, CA 95834

PETRO TOPOV
4147 SIERRA GOLD DRIVE
Antelope, CA 95843

PLATINUM FREIGHT LINES, INC
1816 GOLDEN STATE AVE
Bakersfield, CA 93301

Platinum Premium Finance
PO Box 66501
Saint Louis, MO 63166

PMSB SERVICES LLC
1716 BRIARCREST DRIVE SUITE 30
Bryan, TX 77802

PMSB SERVICES LLC
1716 BRIARCREST DRIVE
Bryan, TX 77802

POTATO EXPRESS, INC
1791 SCHULTE DRIVE
San Jose, CA 95133

POWAR TRANSPORT INC
2095 E SAINT ANDREW DRIVE
Fresno, CA 93730

POWER PROS HOT SHOT LLC
8742 HELMS AVE
Rancho Cucamonga, CA 91730

PRAB KIRPA
8700 ANTELOPE NORTH ROAD
Antelope, CA 95843

PRABHNOOR TRUCKING INC
2739 W PRINCETON AVE
Fresno, CA 93705

Preferred Transportation Ins.
12443 Lewis Street #102
Garden Grove, CA 92840

Premco Financial Corp
P Box 19367
Kalamazoo, MI 49019

Premier Express
11461 Bartlett Way
Fontana, CA 92337

Prestige Insurance Group Inc
12750 SW 128th St. #210
Memphis, TN 38186

Prime Time Insurance Services
651 K Avenue
Plano, TX 75074

PRIME TRUCKLINES
15603 LUCILLE CT
Canyon Country, CA 91387

PRIORITY LOGISTICS INC
3640 W NIELSEN AVE
Fresno, CA 93706

PRK TRANS INC
6105 W CLINTON AVE
Fresno, CA 93723

Promaster
dba Discovery Pro Insurance
5050 Shatto Place #201
Los Angeles, CA 90020

Promminent Services Inc.
6912 NW 72 Avenue
Miami, FL 33166

Proper Trucking Inc
11475 Penrose St.
Sun Valley, CA 91352

PTL TRANSPORTATION
8840 GLACIER POINT DRIVE
Stockton, CA 95212

QANAT RASUL
24831 SOLVANG LANE
Menifee, CA 92584

QUSAI SAAD ALBALAWI
140 EAST EL NORTE PKY 52
Sacramento, CA 95833

R & R TRUCK LINES LLC
DBA R & R TRUCK LINES
34755 SANDBURG CT
Union City, CA 94587

R BROTHERS TRANS INC
6753 W ALLUVIAL AVE
Fresno, CA 93722

R&B TRUCKLINES INC
4236 HWY 99
Stockton, CA 95215

R13 TRANSPORT INC
6701 E PITT AVE
Fresno, CA 93727

R7 TRUCKING LLC
70 EQUESTRIAN DRIVE
Burlington, NJ 08016

RAIYA TRANSPORT INC
3661 W SHEILDS AVE APT 194
Fresno, CA 93722

RAJ KUMAR DBA KAMBOZ TRUCKING
5777 E ALTA AVE APT 216
Fresno, CA 93727

RAJINDER SINGH DHAMI DBA DHAMI
3716 COLUMBIA STREET
Selma, CA 93662

RAJPURA TRANSPORTATION INC
15740 SHERMAN WAY APT 207
Van Nuys, CA 91406

Ram Commercial Ins. Svcs.
15 West 5th St.
Morgan Hill, CA 95037

Ramirez Insurane Services
600 E. Market St. #105
Salinas, CA 93905

RANA CARRIER INC
2735 MOSSY CREEK STREET
Rowland Heights, CA 91748

RANJIT SINGH DBA SINGH TRUCKIN
600 HOSKING AVE #71B
Bakersfield, CA 93307

RANPINE TROKIN INC
531 FLINT AVE
Wilmington, CA 90744

RAPID AUTOS LLC
4225 W. Capital Ave
West Sacramento, CA 95691

Rapid Insurance Services Inc
2319 North San Fernando Blvd.
Burbank, CA 91504

RATHI TRANSPORT INC
1446 E SUMNER AVE
Fowler, CA 93625

RATHONE TRUCKING INC
4417 N BRAWLEY AVE
Fresno, CA 93722

RAVI KANT SINGH BHULLAR
DBA B & N CARRIERS
8113 SLIDER DR
Bakersfield, CA 93313

Red Dog Underwriting LLC
4952 East Tudor Rose Glen
Stockton, CA 95212

Reindeer Insurance Services
14037 Pioneer Blvd
Norwalk, CA 90650

RELATION INSURANCE SERVICES
70 EQUESTRIAN DRIVE
Bethlehem, PA 18016

RENEGADE LOGISTICS, INC
11475 PENROSE ST
Sun Valley, CA 91352

RG TRUCKLINES INC
2832 GOLDEN STATE BLVD
Madera, CA 93637

RICARDO RODRIGUEZ
DBA JR&J TRUCKING
Woodland, CA 95776

River Valley Capital Insurance
14868 West Ridge Lane #200
Dubuque, IA 52003

RJ7 TRANS INC
1931 W SUNNYVIEW AVE
Visalia, CA 93291

ROAD 66 TRUCKING INC
11475 Penrose St.
Sun Valley, CA 91352

ROAD CROWN INC
3506 W NIELSEN AVE
Fresno, CA 93706

Road Guard Insurance Svc
1110 S. Glendale Avenue, #F
Glendale, CA 91205

Road Star Insurance Service
10716 East Avenue R
Littlerock, CA 93543

ROAD VISION EXPRESS INC
11475 Penrose St.
Sun Valley, CA 91352

ROADLINK CARRIER
32665 BRENDA WAY APT 4
Union City, CA 94587

Roadways Commercial Ins. Svcs
3941 Holly Drive
Tracy, CA 95304

Roanoke Insurance Group Inc
35079 Eagle Way
Chicago, IL 60678

ROBERT ALLEN GREGORY
DBA NO PROBLEM MOVIERS
Campbell, CA 95008

ROCK 10
3525 ISLAND AVE #D
San Diego, CA 92102

Rodriguez Insurance Agency LLC
901 Waterfall way #301
Richardson, TX 75080

ROYAL KING TRUCK LINE INC
3661 W SHEILDS AVE APT 247
Fresno, CA 93722

Royalty Truck Insuranc Svcs
14545 Victory Blvd #3072
Woodland Hills, CA 91367

S SIDHU FREIGHT INC
3390 Country Village Rd #2117
Riverside, CA 92509

S&T TRUCKLINES INC
1207 7TH STREET
Modesto, CA 95354

S&Z TRANSPORTATION INC
10681 PRODUCTION AVE
Alhambra, CA 91801

Safeline Truck Insurance
2009 W. Burbank Blvd
Burbank, CA 91506

SAHIB TRUCK LINE INC
4768 W BURLINGAME AVE
Fresno, CA 93722

SAHOTA CARGO INC
6722 JERNO DR STE A
Bakersfield, CA 93313

SAMRATH TRUCKING INC
2787 S WILLOW VE
Fresno, CA 93725

SANDHU BROS
2323 N OXNARD BLVD

Sandhu Bros Ins. Agency Inc.
4337 No. Golden State Blvd.
Suite #104
Fresno, CA 93722

SANGHA ROADKING INC
4375 N GOLDEN STATE BLVD
Fresno, CA 93722

SAPPHIRE CARGO INC
1709 S WILLOW AVE
Rialto, CA 92376

SATBIR SINGH BRAR DBA PRITAM R
445 S ARGYLE AVE APT 226
Mendota, CA 93640

SATNAM SINGH DBA NAGRA TRANSPO
5249 N CORNELIA AVE
Fresno, CA 93722

SERVERIANO PUENTE HERNANDEZ
9108 SUNLAND BLVD
Sun Valley, CA 91353

SESTIAGIA GONZALEZ TRANSPORT L
1720 W 25TH DRIVE
Glendale, CA 91201

SEVEN STAR CARGO INC
4594 W PALO ALTO AVE APT 103
Fresno, CA 93722

SGK EXPRESS, INC
8900 ELDER CREEK ROAD
Sacramento, CA 95828

SHAMINDER PAL SINGH DBA CAT C
4453 N BRENT AVE
Fresno, CA 93723

SHANG YUN TRADING INC
1801 HIGHLAND AVE
Duarte, CA 91010

SHERAZ BAIG
10105 TIZIANO DR
Stockton, CA 95212

SIERRA CARGO, INC
3626 N BLYTHE AVE APT 214
Fresno, CA 93722

SILVERLINE TEAM, LLC
4900 CALIFORNIA AVE 210 B
Bakersfield, CA 93309

SIMAR TRANSPORT INC
3715 W BARSTOW AVE APT 139
Fresno, CA 93711

Singh Best Insurance Agency
944 West 6th Street #113
Corona, CA 92882

SINGH LAND CARRIER
877 E D STREET
Lemoore, CA 93245

Skar Insurance Group LLC
1000 3-Mile Road NW #G
Marietta, GA 30064

Snapeee Corp
13039 Garris Ave
Granada Hills, CA 91344

SODHI SINGH KAUR
3640 W NIELSEN AVE
Fresno, CA 93706

SOGI TRANSPORT CORPORATION DBA
42633 NICKELINE LANE
Chantilly, VA 20152

SOHAL EXPRESS INC
3632 CORAZON AVENUE
Clovis, CA 93619

Southern Truck Ins Svcs Inc
PO Box 1368
Monroe, NC 28111

SPS TRANSPORT INC
1601 S UNION AVE
Bakersfield, CA 93307

SRAN LOGISTICS, INC
11401 GREENSTONE AVE
Santa Fe Springs, CA 90670

SRD EXPRESS INC
11475 Penrose St.
Sun Valley, CA 91352

SRG TRANSPORT INC
15825 ROXFORD ST
Bakersfield, CA 93313

SSB XPRESS, INC
1848 ST IVES AVE
Long Barn, CA 95335

Standard Premium Finance
PO Box 522941
Miami, FL 33152

State Comptroller
PO Box 149356
Austin, TX 78714

State Controllers Office
300 Capitol Mall #1600
Sacramento, CA 95814

State Farm Insurance
Insurance Support Center
PO Box 680001
Dallas, TX 75368

State of California
Enforcmnt Div 50561, MC 9999
PO Box 12030
Austin, TX 78711

State of California Controller
PO Box 1918
Sacramento, CA 95812

Stonemark, Inc.
8501 Wade Blvd #620
Frisco, TX 75034

Stoneroad Insurance Brokerage
6829 Lanershim Blvd
North Hollywood, CA 91605

Stratton, Wright & Ziemer
Insurance & Rish Mgt, Inc.
4587 FM 67
Grandview, TX 76050

Strong Tie Insurance Services
8135 Florence Ave #201
Downey, CA 90240

SUKCHAIN SINGH DBA DTC LOGISTI
1320 BURTON ROAD
Manteca, CA 95337

SUKHDARSHAN SINGH BRAR DBA DB
5238 E GARRETT AVE
Fresno, CA 93725

SUKHMINDER SINGH DBA GSR EXPRE
2901 REDINGTON AVE
Clovis, CA 93619

SUKHWINDER SINGH AUJLA
DBA NEW ERA TRANSPORT
1732 CLEVELAND ST
Selma, CA 93662

SUPER KOI LOGISTICS INC
1935 BATSON AVE APT 89

Sure Tec
2103 City West Blvd. #1300
Houston, TX 77042

SURETEC INSURANCE COMPANY
2103 CITY WEST BLVD.
Houston, TX 77042

SURJEET SINGH
DBA KAMBOJ EXPRE
155 S ARGYLE AVE APT 204
Fresno, CA 93722

Surplus Line Assoc of Illinois
222 S. Riverside Plaza #2220
Chicago, IL 60606

Surplus Lines Stamping Office
805 Las Cimas Pkwy #300
Austin, TX 78746

Susan Bremer
5410 Rainbow Lane
Atwater, CA 95301

Synerprise Ins. Group LLC
dba Rev Ins Div of Volaris Grp
3747 Foothll blvd. #D526
La Crescenta, CA 91214

T/H SERVICES INC

TAB Transport Inc
1436 W Washington Blvd
Montebello, CA 90640

TAMBER EXPRESS INC DBA TJ EXPR
5480 BUCKWOOD WAY
Sacramento, CA 95835

Tansrisk LLC
PO Box 966
Troy, AL 36081

TARA TRUCKING INC
9005 STACEY CT
Stockton, CA 95209

TARIKU KEBEDE
215 W MACARTHER BLVD APT 249
Oakland, CA 94611

TEAM JESUS TRUCKING, LLC
1803 KIMBERLY ROAD
Amarillo, TX 79111

Ted J. Schultz Ins Agency
3014 N. Hayden Road #121
Scottsdale, AZ 85251

Tennessee Dept of Revenue
500 Deadrick Street
Andrew Jackson Office Bldg
Nashville, TN 37242

TESLA TRUCKING INC
5425 VISTA DEL MAR AVE
Bakersfield, CA 93311

Texas Comp of Puplic Accounts
805 Las Cimas Pkwy #300
78746

Texas Dept of Insurance
Enforcmnt Div 560851, AO 9999
PO Box 12939
Austin, TX 78711

Texas Dept of Insurance,
Regist Division 50561, MC 9999
PO Box 12030
Austin, TX 78711

TGD TRUCKING INC
11475 Penrose St.
Sun Valley, CA 91352

THAIRA TRANSPORT INC
2417 DUNN RD
Hayward, CA 94545

The Hays Group Inc.
80 South St. #700

The Hilb Grou of NC
dba Charlotte Insurance
6400-B South Blvd
Charlotte, NC 28217

The Licona Insurance Group
5927 Gateway Blvd. West #B
El Paso, TX 79925

The Surplus LIne Assoc of AZ
14747 N. Northsight Blvd
Suite #111-449
Scottsdale, AZ 85260

The Surplus Line Assoc of CA
12667 Alcosta Blvd
San Ramon, CA 94583

THIND TRANS INC
7102 DOWNING AVE
Bakersfield, CA 93307

THOMAS BAKER
1925 ENTERPRISE BLVD
West Sacramento, CA 95691

THOMSONS LOGISTICS, INC
6808 W PARR AVE
Fresno, CA 93722

Timothy Staphanic
30985 Prestwick Avenu
Hayward, CA 94544

TIRATH PAL SINGH DBA MATTU BRO
4317 N CRESTA AVE
Fresno, CA 93723

TITAN TRANS LOGISTICS INC
1930 S ROCHESTER AVE
ONTARIO, CA 92761

TIWANA & SONS TRUCKING INC
1125 TALARA DRIVE
Livingston, CA 95334

Tiwana Insurance Solutions Inc
dba Golden Land Transport Ins.
2459 Prescott Ave PO Box 662
Del Rey, CA 93616

TIWANA TRUCKING INC
26577 BANTA ROAD
Tracy, CA 95304

Top Premium Finance
PO Box 2277
Chatsworth, CA 91311

TOPWAY TRANSPORTATION LLC
13047 WATERLILY WAY
Chino, CA 91710

Toste Insurance Services
1501 F Street
Modesto, CA 95354

TOTAL NATIONAL EXPRESS
710 E D STREET
Wilmington, CA 90744

Trans Risk Insurance Services
660 N. Diamond Bar Blvd. #203
Diamond Bar, CA 91765

TRANSCORP
6569 N RIVERSIDE DR. SUITE 102
Fresno, CA 93722

TransEleven Claims Mgrs.
700 Central Expressway S. #200
Allen, TX 75013

Transit Insurance Services Inc
1155 S. Milliken Avenue
Ontario, CA 91761

Transportation Ins. Advisors
113 Bellagio Circle
Sanford, FL 32771

Transwide Insurance Brokerage
3400 Inland Empire Blvd #120
Ontario, CA 91764

Triangle Transportation Agency
PO Box 1189
Enid, OK 73702

TRU LAND EXPRESS LTC
3165 W SHIELDS AVE APT 267
Fresno, CA 93722

Truck Smart Insurance Services
420 S. Grand Avenue
Covina, CA 91724

Trucking Specialistts LLC
3330 Southgate Court SW #172
Cedar Rapids, IA 52404

TS CARGO INC
4594 W PALO ALTO AVE APT 103

TSH TRUCKING INC
11475 Penrose St.
Sun Valley, CA 91352

TURBO LOGISTICS
150 S GLENOAKS BLVD #8050
Burbank, CA 91502

U.S. Premium Finance
PO Box 924647
Norcross, GA 30010

UNIFIED EXPRESS INC
3354 E AMERICAN AVE
Fresno, CA 93727

UNITED CORE, INC
8455 SCHAEFER AVE
Ontario, CA 91761

UNITED STAR INC
175 S LINCOLN AVE UNIT 123
Addison, IL 60101

UPPAL FREIGHT
2955 OATES STREET
West Sacramento, CA 95691

US EAGLE TRANSPORT INC
250S CLOVIS AVE APT 136
Fresno, CA 93727

US WEST TRUCKING INC
10825 S UNION AVE
Bakersfield, CA 93307

V4U TRANSPORT INC
3342 NORTH WEBBER AVE
Fresno, CA 93722

Valdez Insurance Agency Inc
dba BMV Insurance Services
3342 N. Texas St. #A2
Fairfield, CA 94533

VALENTIN ALONSO CASTRO HERRER
DBA C VASTRO TRANSPORT
822 MACKILHAFFY DRIVE
Patterson, CA 95363

VALENTIN CASTRO
DBA V CASTRO
822 MACKILHAFFY DRIVE
Patterson, CA 95363

Valiant General Ins Solutions
848 Clovis Avenue
Clovis, CA 93612

VANESSA'S TRUCKING SERVICES, I
3462 HARRISON ST
Riverside, CA 92503

VANTAGE INC
2201 FORESTLAKE DR
Rancho Cordova, CA 95670

VAS EXPRESS, INC
11475 PENROSE ST
Sun Valley, CA 91352

Venbrook Insurance Services
63250 Canoga Avenue
12th Floor
Woodland Hills, CA 91367

Veracity Insurance Solutions
260 S. 2500 West #303
Pleasant Grove, UT 84062

Virgina Dept of Taxation
PO Box 1777
Richmond, VA 23218

Virginia Dept. of Taxation
1957 Westmoreland Street
Richmond, VA 23230

VIRK AND SONS TRANSPORTATION I
DBA dhv FREIGHTLINES
8442 24TH AVE
Sacramento, CA 95826

VISTA TRANSPORT LLC
2300 W Sahara Ave
Las Vegas, NV 89102

VL TRUCKING INC
11475 Penrose St.
Sun Valley, CA 91352

Vortex Pro Insurance Services
17628 Chatsworth Street
Granada Hills, CA 91344

W.I.S.E Underwriting Agency
Sean Bradshaw
28 Lime Street
Lonson, WX3M &HR

WALIA TRANSPORT INC
1651 W WHITMORE AVE
Ceres, CA 95307

WAMENG SONS TRANSPORTATION, I
2301 W BELMONT AVE
Fresno, CA 93728

Warriner & Associates Ins. Inc
11111 Wilcrest Green #101
Houston, TX 77042

WARYAM TRUCKLINES, INC
1791 SCHULTE DRIVE
San Jose, CA 95133

WB TRUCKING INC
3750 W SAN JOSE APT 101
Fresno, CA 93711

WEIGH TO GO TRANSPORT, INC
3129 MITCHELL ROAD
Ceres, CA 95307

WHITE HORSES TRUCKLINE INC
7203 NEW BOND CT
Bakersfield, CA 93311

Whiterock Insurance Agency LLC
221 N. Kansas Street #700
El Paso, TX 79901

Wilson, Elser, Moskowitz,
Elderman & Dicker Acct. Rec.
150 East 42nd Street
New York, NY 10017

Wylie Insurance Services LLC
1729 Tully Rd #6
Modesto, CA 95350

YAPAYAO TRUCKKING INC
1856 N. BROADWAY AVE
Stockton, CA 95205

YASH TRUCKLINE INC
7091 W SAN BRUNO AVE
Fresno, CA 93723

YDKD INC
13461 12 St
Chino, CA 91710

You Safety Insurance Svcs.
230 S. Garfield Avenue #202C
Monterey Park, CA 91754

ZAMORA TRANSPORT LOGISTICS INC
2 STONY BROOK CIRCLE
Salinas, CA 93906

ZESHAN ALI KHAN
1835 GREENHEAD COURT
Gridley, CA 95948

ZIRA TRANSPORT INC
66240 7TH STREET
Desert Hot Springs, CA 92240

Zoom Imaging Solutionss
PO Box 846898
Los Angeles, CA 90084

ZYP TRUCKING INC
2144 E JAMES AVE
West Covina, CA 91791